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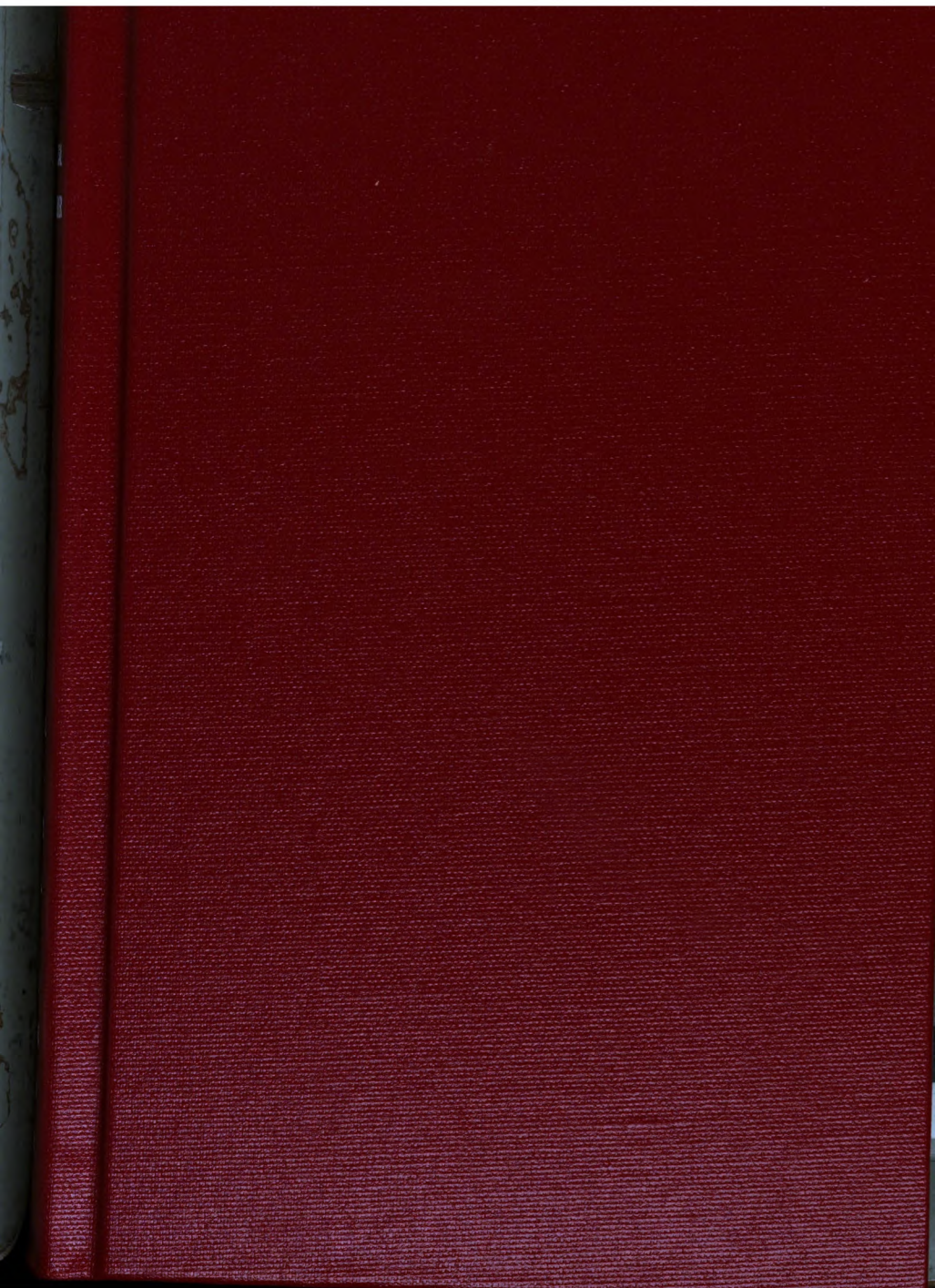
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MEDICAL EXAMINER

FIFTH LEVEL AND

RECORD OF MEDICAL SCIENCE,

EDITED BY

FRANCIS GURNEY SMITH, M. D.

LECTURER ON PHYSIOLOGY IN THE PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION;
FELLOW OF THE COLLEGE OF PHYSICIANS, MEMBER OF THE ACADEMY
OF NATURAL SCIENCES OF PHILADELPHIA.



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NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editor, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 20th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

The Boston Medical and Surgical Journal. (Weekly, Boston.)

Buffalo Journal.

New York Journal of Medicine.

Medical News.

Western Lancet.

Ohio Medical and Surgical Journal.

New Orleans Medical and Surgical Journal.

Southern Medical and Surgical Journal.

Charleston Medical Journal and Review.

Western Journal.

St. Louis Medical and Surgical Journal.

North-Western Medical and Surgical Journal.

The British American Journal of Medical and Physical Science. (Montreal.)

The London Lancet. (Weekly, London.)

The Medical Times. (Weekly, London.)

Dublin Medical Press.

Provincial Medical and Surgical Journal.

British and Foreign Medico-Chirurgical Review.

London Journal of Medicine.

London Medical Gazette.

London Medical Examiner.

Pharmaceutical Journal.

The following works have also been received for notice:

The Diseases of the Interior Valley of North America. By D. Drake, M. D., &c.

Remarks on Cholera. By E. J. Coxé, M. D., New Orleans.

Accommodation of the eye to distance. By W. C. Wallace, M. D. From the Author.

A Memoir on Stricture of the Urethra. By J. P. Mettauer, M. D., LL. D. From the Author.

Essays on the Puerperal Fever, by F. Churchill, M. D. From Messrs. Lea & Blanchard.

Report on the Cholera in Boston. From Dr. Clarke.

Ship Fever; being the Fisk fund Prize Essay for 1849. By H. G. Clarke, M. D.

Taylor's Medical Jurisprudence. From Messrs. Lea & Blanchard.

Essay on Alcohol; by Wm. B. Carpenter, M. D. From the same.

Experiments on Warming and Ventilating Hospitals. By T. S. Kirkbride, M. D.

Essay on the Opium Trade. By N. Allen, M. D.

Proceedings of the Medical Society of North Carolina.

Transactions of the Medical Society of the State of New York.

Historical Sketch of the state of Medicine in the American Colonies. By J. B. Beck, M. D.

Communications have been received from:—

W. J. Reese, M. D., Alabama.

William Waters, M. D., Fredericktown, Md.

Charles Sutherland, M. D., Philadelphia.

S. E. McKinley, M. D., Williamsport, Tenn.

The foreign correspondents of the Examiner will please direct their Exchanges and other communications to the care of Mr. Charles J. Skeet, 27 King William St., Charing Cross, London, or Mr. H. Bossange, 21 Bis, Quai Voltaire, Paris.

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. LXVI.—JUNE, 1850.

ORIGINAL COMMUNICATIONS.

PHILADELPHIA COUNTY MEDICAL SOCIETY. *Some Hints on the Comparative Influence of dry and moist hot air in the causation of Disease.* By SAMUEL JACKSON, M. D., (late of Northumberland,) President of the Society.

MR. EDITOR,—I wish to caution the reader of this paper, should it find one, against a great mistake which he may fall into, as did some members of the Society in the discussion thereof. It was argued against me that dry hot summers cause fever. Now this is known to every one, this has become common knowledge, and is true with some exceptions: but mark—though rains are deficient in these summers, the air is not therefore always dry. Streams, millponds, marshes are half and some of them wholly dried up; but there is water enough left somewhere on the earth or under the soil, to moisten the air. With this moisture there is emitted from those half-dried lands, that insensible something called miasma, known only by its effects, as attraction and repulsion, mesmerism, catalysis, &c., are known. But with miasma this paper has nothing to do unless so far as moisture favors the deadly operation thereof; the point to be argued is simply—whether *dry* hot air is not safer than *moist*; and if this be affirmed—whether the washing of pavements and the sprinkling of streets can seriously add to the general moisture.

Much might be added to the paper, but I wish to give it to you precisely as it was read, excepting some matter enclosed in brackets. It was written in haste and in sickness, merely for the purpose of firing the Society's latent

heat, and of striking out some scintillations therefrom, by which our lamps might be lighted and our ways made safe. S. J.

GENTLEMEN :—

Our society has appointed a Committee on Hygiene, whose important and laborious province it is, to have regard to the health of this wide-spread, crowded city ; and in order to facilitate their labors I proposed at the last meeting this subject for discussion at the present time—*whether the sprinkling of streets and the washing of pavements is injurious to health?* It may appear yet more appropriate when it is remembered that the city Councils consulted last summer, on this subject, many of our most learned physicians, and that they received very discordant and even contradictory answers. Now it is surely high time that this subject was thoroughly understood, and that physicians were able to answer, not only correctly and philosophically, but with promptness and confidence.

In order to bring the subject fairly before the meeting and to elicit some debate, I have written a few pages which I hope will have this effect. I state it then as a philosophical fact, that *a great excess of heat is tolerated by the human body without injury, provided there be no excess of moisture.* Now I hope the society will not expect me to elucidate this proposition in a very able manner, or even successfully, for I ought not to arrogate much of their time, and, moreover, it is more than probable that much evidence, and even the most weighty, may have entirely escaped me ; but in one point it may be hoped that I shall not be disappointed, my object being to provoke an amicable controversy by which the truth may be fairly and philosophically stated.

With respect to collecting evidence from medical topography, there is much uncertainty, because some unknown elements are supposed by many to conspire with heat and moisture in the causation of disease ; but when health prevails amidst excessive dryness with excessive heat, the evidence is direct and positive as far as human reason can go. One of the strongest facts that can be adduced, is from the travels of Baron De Humboldt. This great man, who had travelled over the whole world either in person or by reading, says, that hot countries are healthy provided they are dry. “The province of Cumana, the coast of Coro, and the plains of Caraccas, sufficiently prove that heat alone is not the cause of great mortality. In countries very warm but at the same time

dry, the human race enjoys a longevity perhaps greater than in the temperate zones, where the heat and the climate are excessively variable. Europeans, who at an age a little advanced, migrate into the equinoctial part of the Spanish colonies, generally attain to a serene and happy old age.”*

Sir James McGregor in his *Medical Sketches*, p. 83, says—“for the last eighteen months, in the hot season, the men had much duty. They were daily marched two miles to the fort of Bombay, where they were much exposed to the sun on the garrison duty; and in the heat of the next day, were marched back to their barracks on the island of Colabah. Yet it appears the hot months were the most healthy by far.” And speaking of Egypt in the next page he says—“though the degree of heat be very considerably increased, I believe that unless combined with intemperance, it very rarely is the exciting cause of disease.”

Dr. Lind says that Senegal, about 16° N. latitude, is healthy during the dry months. The wet season, to use his own words, “is of four months continuance and is the season of sickness; whereas for many months in the dry season, most parts of the country are equally healthy and pleasant with any in the world.” Now a portion of this healthy period is when the sun is vertical; for the rains do not set in till he begins to return from the northern tropic. The heat must therefore be excessive, for Lind says that in December, 1763, it was 93° Fahr. “when the sun had made his most distant retreat from that place.” What then must it have been under his perpendicular rays towards the latter part of the dry season?

[South of this region and between the thirteenth and fourteenth degrees of North latitude, the ever lamented Park led forty Europeans more than four hundred miles eastward, from the 26th April to the 10th of June. The heat must have been excessive, for the sun was nearly vertical the whole journey; yet notwith-

* L'Hindoustan et l'Amérique Méridionale, surtout la province de Cumana, la côte de Coro, et les plaines (Llanos) de Caraccas, prouvent assez, que la chaleur seule n'est pas la cause de grande mortalité. Dans les pays très-chauds mais secs à la fois, l'espèce humaine jouit d'une longévité peut-être plus grande que celle que nous observons dans les zones tempérées. C'est le cas partout où la température et le climat sont excessivement variables. Les Européens qui, à un âge un peu avancé, se transportent dans la partie équinoxiale des colonies espagnoles, y parviennent généralement à une belle et heureuse vieillesse. Voy. de Humboldt et Bonpland *Trois. part. I. II.* p. 61.

standing this and their cruel exposures and hardships and unavoidable irregularities, there was but one death from disease of the climate. One man died of epilepsy and two sickened of dysentery, of whom one recovered though travelling on an ass with a footman on each side to support him on the saddle.

But on the 10th June the rains set in for the wet season and a tornado says Mr. Park—*Journal of Second Mission*—"had an instant effect on the health of the soldiers and proved to us the *beginning of sorrow*. I had proudly flattered myself that we should reach the Niger with a moderate loss; two men had been sick of the dysentery of whom one had recovered completely on the march, and the other would doubtless have recovered had he not been wet by the rain. But now the rains had set in and I trembled to think that we were only half way through our journey."

The next day, twelve men were sick; all the rest sickened in a short time; and before the raining season was over, they were all dead except four, though Park was an educated experienced physician and provided with bark and other medicines.

Such is the deadly change effected by adding moisture to heat. Now let us see how quickly this fatal moisture is dried up and health restored. In Park's *Journal* of his first travels, we find chapter twenty begins with the following notable paragraphs:

"The whole of my route both in going and returning, having been confined to a tract of country bounded nearly by the twelfth and fifteenth parallels of latitude, the reader must imagine, that I found the climate in most places extremely hot; but nowhere did I feel the heat so intense and oppressive as in the camp at Benowm, of which mention has been made in a former place. In some parts, where the country ascends into hills, the air is at all times comparatively cool; yet none of the districts which I traversed could properly be called mountainous. About the middle of June, the hot and sultry atmosphere is agitated by violent gusts of wind, called *tornadoes*, accompanied with thunder and rain. These usher in what is denominated *the rainy season*, which continues until the month of November. During this time the diurnal rains are very heavy, and the prevailing winds are from the south west. The termination of the rainy season is likewise attended with violent tornadoes; after which the wind shifts to the north-east, and continues to blow from that quarter during the rest of the year.

"When the wind sets in from the north east, it produces a wonderful change in the face of the country: the grass soon becomes

dry and withered, the rivers subside very rapidly, and many of the trees shed their leaves. About this period is commonly felt the *harmattan*, a dry and parching wind, blowing from the north-east, and accompanied by a thick smoky haze, through which the sun appears of a dull red color. This wind, in passing over the great desert of Sahara, acquires a very strong attraction for humidity, and parches up everything exposed to its current. It is, however, reckoned very salutary, particularly to Europeans, who generally recover their health during its continuance. I experienced immediate relief from sickness, both at Dr. Laidley's and at Kamalia, during the *harmattan*. Indeed, the air during the rainy season is so loaded with moisture, that clothes, shoes, trunks, and every thing that is not close to the fire, become damp and mouldy, and the inhabitants may be said to live in a sort of vapor bath, but this dry wind braces up the solids, which were before relaxed, gives a cheerful flow of spirits, and is even pleasant to respiration."]

Bordering on this region is the great Sahara, where heat and drought prevail to an excessive degree, and yet the wandering Arabs are so healthy, that they find it more difficult to die than other nations find it to live. They endure to a greater age than any other people, and when at last they die, it is not of disease, but rather of a natural mummification. So dry and hot is the air, that their dead bodies, as well as their camels flesh, dry up and resist putrefaction.

Adjoining Sahara lies the ever celebrated land of Egypt: consider how healthy this country must have been in ancient times, when its little delta with its mere strip of land up the Nile, supported an immense population and furnished such a surplus of corn that it was called the granary of the Roman empire. Here it seldom rains and the lands are dried by the scorching winds from the Libyan desert, yet it was and continues to be a healthy country, the plague excepted. Even this is arrested by drought and heat. Volney says that in Egypt, the winter, being warm and humid, foment the plague; summer, being hot and dry, destroys it. Summer acts on the plague as it does on flesh which it prevents from putrefying." Heat, he continues, "is injurious only when combined with moisture."* In accordance with this, Sir J. McGregor says p. 99,

* En Egypte, l'hiver foment la peste parce qu'il est humide et doux; l'été la détruit parce qu'il est chaud et sec. Il agit sur elle comme sur les viandes qu'il ne laisse pas pourrir. La chaleur n'est malfaisante qu'autant qu'elle se joint à l'humidité." *Voy. en Syrie et en Egypte*, vol. I. 231.

that "the diseases which occurred in the army of Egypt, were not numerous."

Sonnini declares that the modern Egyptians have neglected every thing that could contribute to the health of their country, and have done every thing to render it unhealthy. He says "under the hands of these barbarians, the ancient works indispensable to the fertility of the soil and salubrity of the air, were daily disappearing. Marshes occupied the place of useful lakes: some canals were filled up, others were nothing but a body of stagnant water during one part of the year, the fetid effluvia of which were disseminated far around. The stench arising from the carcases of dead animals infested the country and sometimes even the precincts of the towns. In short it seemed as if the inhabitants studied to render their country unhealthy. What opinion then, says he, must we entertain of the goodness of a climate which, in spite of the mischiefs of careless ignorance, had acquired no dangerous influence." He says much more in praise of the climate and adds, that "you may see Turks from Constantinople, worn out by debauchery and disease, who after a little stay in this country resume the appearance of health."—*Hunter's Translat.*

But as already observed, the examples from medical topography in favor of dryness, are liable to much contradiction or caviling, therefore we should be glad to find some that might prove unobjectionable. A strong fact in favour of a dry atmosphere, is found in *Combe on the Constitution of Man*, one of the best and most useful books in relation to health and morals that ever saw the light. In the first edition, and we presume in all subsequent ones, there is a letter from Captain Murray of the Royal Navy, on the subject of preserving the health of his men. His ship sailed from Plymouth to the West Indies in December 1823, having just returned from the coast of Labrador and Newfoundland, where she had been stationed two years, the crew amounting to 150. Here was a sudden and dangerous transition from excessive cold to excessive heat. Now after detailing his care with respect to the procuring of flannel shirts for every man and the compelling of his men to wear them, he says—"the quarter and main decks were scrubbed with sand and water and wet holystones every morning at daylight. The lower decks, cockpit and storerooms were scrubbed every day after breakfast with dry holystones and hot sand

until quite white, the sand being carefully swept up and thrown overboard. The pump-well was also swabbed out dry and then scrubbed with holy stones and *hot* sand; and here, as well as in every part of the ship which was liable to damp, brodiestoves were constantly used until every appearance of humidity had vanished. The lower deck and cockpit were washed once every week in dry weather, but brodiestoves were kept constantly burning in them until they were dry."

"I was employed on the coast of Caraccas, the West India islands, and gulf of Mexico; and in course of service, I visited Trinidad, Margarita, Cocha, Cumana, Nueva Barcelona, Laguira, Porto Cabello, and Maracaibo; all the West India islands from Tobago to Cuba both inclusive; as also Curaçoa, and Druba, and several of those places repeatedly; also Vera Cruz and Tampico; which you must admit must have given a trial to the constitutions of my men after two years among the icebergs of Labrador, without a summer intervening between that icy coast and that of Caraccas; yet I arrived in England June 24th. without having buried a single man or officer belonging to the ship, or indeed having a single man on the sick list; from which I am satisfied that *a dry ship will always be a healthy one in any climate.* When in command of the Recruit of 18 guns, in the year 1809, I was sent to Vera Cruz where I found the — 46, the — 42, the — 18, and — gun-brig; we were joined by the — 36, and the — 18. During the period we remained at anchor, from eight to ten weeks, the three frigates lost from thirty to fifty men each, the brigs sixteen to eighteen, the — lost most of her crew with two different commanders; yet the Recruit, although moored in the midst of the squadron and constant intercourse was held with the other ships, did not lose a man and had none sick. Now as some of these ships had been as long in the West Indies as the Recruit, we cannot attribute her singularly healthy state to seasoning, nor to superior cleanliness perhaps it may be attributed to cheerfulness in the men; to my never allowing them to go on shore in the morning on an empty stomach; to the use of dry sand and holy-stone for the ship; to never working them in the sun; perhaps to accident. Were I asked my opinion I would say, that cheerfulness contributes more to keeping a ship's company healthy than any precaution that can be adopted."

But whence this salutary cheerfulness? Was it not principally the result of their continual health? Would they not have been dispirited, had they seen their mates whelmed in the ocean as they saw the men from the other ships? What then was the source of this unexampled health? Captain Murray says—"I am satisfied that a dry ship will always be a healthy one in any climate."

Though the experiments of Dr. Fordyce and Sir Charles Blagden are not entirely satisfactory in all their details, yet there is a fact of importance that was fairly established by them:—they could remain much longer in a *dry* heated chamber than in a *moist* one; a fact which no one can doubt who has known the difference between a northerly wind in summer and the *madidus auster*.

Does any one object that the winds on and from the deserts of Asia and Africa, are so dry as not only to prove injurious but sometimes suddenly fatal, he may be answered, that I am not proposing to defend a *quid nimis*. While we propose the heat of our own summers as not hurtful *in itself*, I would yet deprecate the Harmattan or Samiel wind; so while others would defend a greater degree of moisture than I could approve, they would yet avoid the blasts of the moist Sirocco.* Whoever has the practice of crying *ne quid nimis*, should beware that he has definite notions of what he is deprecating. Rooms warmed by stoves and furnaces do certainly require an evaporation of water, particularly in dry and freezing weather, for the air is then almost destitute of vapor and when heated by mineral coal, it acts on the lungs by carrying off too much fluid: so also the air is too dry at great elevations for it dessicates the lungs; but there is a degree of dryness which is propitious both to health, comfort, and exertion. On the high table land of Mexico the Americans fought like lions, under a sun at that time nearly vertical, and it is almost incredible what exertions they made. Some of them, in relating to me their inordinate labors, remarked, that they did not sweat; this was a great mistake, for their life depended on this salutary function. The sweat was carried off by the dry but sufficiently dense air of that moderate elevation, so fast as not to be perceived by them. So

* Est modus in rebus, sunt certi denique fines
Quos ultra citraque nequit consistere rectum.

Horat. Sat. 1.

Schmidtmeyer says, "that in Chili, notwithstanding the very high temperature in summer, the perspiration passes off so entirely in the insensible form, that during the most violent exercise, it might be doubted whether any exist." *Dunglison's Hyg. Ch. I.* At Mexico we heard of no one dying of mere heat, but at the battle of Monmouth, which was fought in a low country not far from the sea, June 28th, 1778, both English and Americans, though they fought in the old fashioned and more gentle way, fell by dozens, perishing of mere heat, without the stroke of an enemy.

It is far more difficult, however, to render probable the salubrity of hot dry air, than to prove the perniciousness of hot air that is loaded with vapour; for look into authors and you will find that this is mentioned by every one as influential in causing or promoting the causes of disease. Pringle would appear from a short passage to contradict this when he says, *Part II. Ch. 2*, "pestilential diseases have frequently occurred in dry and hot summers, and I have observed that the most sickly seasons in the field have been attended with the greatest heat and the least rain." But here he forgets to tell his whole story at once, for the troops did not sicken *till they were encamped in the marshes*, as may be seen in the same chapter where he makes this assertion which he nowhere contradicts:—"in every campaign, he says, no epidemic ever ensued on the greatest heats till the perspiration was stopped by wet clothes, wet beds, dews, or fogs: and in the last campaign, though the heats were great, yet they were the cause of little sickness till the troops were *canton'd in marshes*." By pestilential diseases, moreover, he means the plague, for he refers to Diermb. and Bacon on this disease; and that dry heat does not favor this we have various testimony. Lind says it ceases in Egypt the beginning of June, "when the periodical hot winds from the deserts of Nubia and Ethiopia have rendered the air pure and wholesome:"—not the overflowing of the Nile, as some have ignorantly asserted, for this has not yet taken place. The same ceasing of the plague in hot dry weather, we mentioned above from Volney; and Sonnini says, *Hunter's translation*, p. 18, that it always ceases at the summer solstice.

But it often happens that the cautious opinion of an authoritative man is of more weight than a multitude of facts, from which every one who pleases, may often find ways of escape. With re-

spect then to the operation of an excessive moisture, I presume there is no better authority than the author of a paper in the Philadelphia Medical and Physical Journal, vol. xi. 297, a learned and eminent writer, who has devoted much time to this and similar studies.

“Simple atmospheric moisture, without any great extreme of temperature, is not found to be productive of bad effects on a healthy subject conforming to the rules of hygiene. It gives, however, greater activity to the operation of both heat and cold; and is, when conjoined with either, a frequent cause of disease. Humidity acts on the skin by diminishing exhalation and absorption, and producing an atony of the extreme vessels. The circulation participates in this languor. The thirst is less, and the secretion of urine more abundant. Respiration is laborious; a kind of oppression is felt, owing probably to the watery vapor not being completely expelled from the lungs; the air which served for inhalation having been already charged with humidity. The secretion from the mucous membranes is usually augmented, hence a species of coryza and even diarrhœa. The senses are usually more obtuse in a humid air, owing to the undue moistening of their surfaces. Sensibility in general is blunted, muscular power diminished, and all the movements of the body slower and less agile.

“Tourtelle in his Hygiene, assures us that a humid state of the atmosphere is unfavourable to vegetable as well as animal life, and alters strangely the fluids and secretions. In a wet spring the flowers of the yellow laurel rose, (*ægolethron*,) are poisonous, and the honey which the bees extract from them has similar noxious properties.

“Moisture joined to cold constitutes one of the most efficient agents in the production of scurvy, scrofula, cynanche tonsillar and trachealis, catarrhal fevers, and rheumatism. It is often the exciting cause of diarrhœa, dysentery, and tetanus, the more especially if there has been preceding great heat. In northern latitudes there is no condition of the air so invariably pernicious, so chilling and oppressive to the organs of respiration as the combination of frost with fog. It is this state, which has been found to accompany, if not produce, extensive influenzas and wide spreading pneumonic diseases.

“In southern countries on the other hand, the union of heat and moisture may be viewed as exerting an influence paramount to that of all other causes, whether it be between decks of a ship, in close barracks, or in the lower parts of a city, and the swamps and low grounds in the country. This condition of the atmosphere acquires greater intensity of effect from the calms, or little circulation of air so often accompanying it. There is in fact a stagnant atmosphere

which needs no miasmatic aid to give it destructive power. Moisture and cold, will, if ventilation be not attended to, produce scurvy on board a ship. Moisture and heat, with equal negligence in ventilation, will, in the same situation, be followed by remittent or gastric fevers."

So strongly was the author, Dr. John Bell, impressed with the dangers from an excess of moisture, that he considers it when conjoined with heat, as one cause of what have been called koino-miasmatic fevers. This, moreover, has been the opinion of other philosophers. You are aware that Dr. Willis and Mr. Hopkins lately excogitated a theory of the causation of fever in which they considered hot air saturated with vapor as the sole remote cause, thus annihilating all the old imaginations of miasma. Though far from adopting their doctrine, yet I am fully persuaded that these gentlemen have reasoned fairly concerning the operation of vapor on the human body.

They say it is comparatively easy to remain, for a certain time, in a stove room of a temperature considerably higher than that of the body, *if the air be dry*. Here then is a free perspiration and a rapid solution of it by the parching air. Thus M. de la Roche, Dr. Willis says, found that animals lived longer in dry air "*of excessively high temperature*" than in a moist air of their own temperature. Now, he continues, it is highly interesting to observe, that the air of unhealthy intertropical climates differs little from that of a vapor bath, at 80° or 90° of Fahr. The dew point is very high and the air already nearly saturated with water, cannot dissolve and carry off the perspiration; the patient therefore becomes shut up in a little atmosphere of his own which excludes a due proportion of oxygen and prevents perspiration—thus the functions are perverted and fever, as they say, may be generated.

Now independently of the direct operation of heat and moisture, whatever that may be, the common experience of all men agrees, that the combination is highly favorable to the generation and spreading of disease. This consideration ought to weigh heavy with the guardians of public health. Whether the streets of Philadelphia are in winter or summer too damp, hence depressing the vital forces and generating or spreading diseases, is a question we ought to be prepared to answer with confidence and truth. That this is the case from October to May inclusive, at least whenever the atmosphere is not rendered anhydrous by continued severe

frost, hardly any one can answer in the negative; but with respect to the hotter portions of the summer months, a doubt has been expressed by many.

It is observed by Cowper that God made the country and man the cities; by which he means that cities are like their inhabitants, mere productions of degenerate beings and partakers of all their evils. What physical causes then are found in a great city which are not common to it and to country situations, *both equally favored by nature*? It may be fairly answered that dampness is one of the most prominent. You cannot spare me time to enter into proofs of this, nor do I suppose that proofs are necessary. It is felt in all the temperate months and in all the cold months when vapour is not locked up by frost: it is perceived in the hot months, for no sooner do we go beyond the limits of the city in August or September than the invigorating influence of the country air is sensibly felt; no sooner do we return to the city than we perceive the depressing spirit of dampness. What is it that produces more disease, and particularly cholera infantum, in damp sunless alleys and courts than in the open streets? What produces more in the open streets than in the country? Why do you hurry the little half-dead patients into the country air? Do you say, it is *impure* and not *damp* air that you fly from? Be it so: but as dampness is a mortal propagator of foulness and all the remote causes of disease, and is often an exciting cause also, do not neglect, let us say to the Councils, to obviate it by all the means in your power.

Whether the sprinkling of streets and the watering of pavements, are sufficient to increase the manifest evil, ought to be well considered; for if all the principal streets were traversed daily by the great sprinkling machine, there would surely be a few degrees added to the hygrometric state of the atmosphere. But take this in conjunction with the general washing of the pavements, side alleys, and yards, and who can doubt, but that a sensible addition will be made to the existing vapor, already too great both in winter and summer? Let us remember too, that over these pavements deluged with water and rendered damp very often till they are deluged again either from the clouds or the hydrants, our most delicate and sickly ladies are accustomed to walk for their health.

The sprinkling of the streets has been compared to a shower of rain in its pleasant and salutary effects, but the comparison is utterly unjust. Rain is pure water from the higher regions and in its descent, it washes and purifies the air; but the sprinkling is done with the impure and pestiferous water of the Schuylkill. The water from the machine, were it pure, could not wash the air, as it has not twenty-four inches to fall. Rain, moreover, not only washes the impure air through which it descends, but, as it consists of vesicles of pure water containing the pure air from the higher regions, it supplies this "*pabulum vitæ*" to no inconsiderable degree.

Does any one say that chemistry has often been applied and has found in the Schuylkill water nothing pernicious, let him be answered that chemistry is not a science but a cunning art. 'Tis true, it has done wonders for medicine, for the arts, and for philosophy, but still it must be considered as imperfect and fallacious. There are many impurities and poisons in the air which it cannot ascertain, and why should there not be in water, particularly when our olfactory organs are offended thereby? I have walked in the rear of the machine and never without perceiving a very offensive smell, which with the vapour and the consequent exclusion of oxygen, rendered respiration oppressive and walking laborious. I have heard others make the same complaint whose lungs like my own, are perfectly sound. Those fortunate persons who can ride in their carriage, need less breath and of course they are less annoyed.

Will any one say that he has stood at the Franklin-square fountain without perceiving a heavy and oppressive fetor? I need not name the various sources of impurity in the Schuylkill water, but there is one I may mention which perhaps is not generally known. A gentleman of great learning and authority told me, that he stood by one of the Fairmount fountains when the water had been nearly drawn off, and that he saw thousands of fish floundering in the bottom. He added that the various excrements of these were breathed in our streets and drunk at our tables; for when he went to the leeward of the fountain, their smell was intolerable. A medical professor of great learning thinks that he perceives a foul exhalation from the water pans of the furnaces by which houses are warmed: that from day to day fresh water is added without

washing the pan and the foulness of the sediment rises in distillation.

Some one may repeat what I have often heard, that this water must make nearer approaches to purity than that of the Thames which in part supplies London ; but this comparison does not purify the Schuylkill. True, it is better to have water from this river than from the Thames or from our own pumps, so it is better to have yellow fever than cholera : but when we cannot avoid an evil, let us be honest and not persuade ourselves that it is a good ; let us not deceive ourselves into the sluggard's optimism which is an enemy to all progress. The smell of the Schuylkill water when poured forth in large quantities so as to be diffused and dissolved in the air, is truly very offensive ; nor can you say that the bottom of your pitcher in the morning is altogether inodorous. When I stood by the fountains in New York and Boston, though they poured forth water much faster than ours, I perceived no smell. The time will no doubt come when, from causes unnecessary to name, Philadelphia will be obliged to bring her water from the Lehigh or the Delaware far above the Falls.

This impure and odorous water then is showered over the streets, where, mingling with the impure miasma-genetic materials there spread abroad, a poisonous exhalation is diffused through the air, is precipitated by the dew of the coming night, and breathed in its descent by all who would enjoy the external air whether in the houses or streets.

Should it be inquired—would you not wash out the gutters and sprinkle the streets while the scavengers are engaged in scraping and sweeping—do both with all my heart, for this is a very different affair. Let the waters pour down the gutters in the greatest abundance, for it passes on rapidly in a narrow stream and has not time to evaporate ; and the scavengers sprinkling is raked into heaps and hauled away, before there is time to do mischief.

What then is to be done with the filthy pavements ? Sweep them once a day and they will not be filthy—they will be clean enough for any queen in Europe, even for her who walked over the mud on Raleigh's ermine. If the *aristoi* wish to distinguish themselves, let them use dry sand, as in Ancient Rome they used sawdust for such purposes. Juvenal says to his friend—"wretched

man, are you in a state of hurry and alarm, lest your hall and your porch covered with mud, may displease the eyes of your coming friend? A little servant with a half bushel of saw-dust will soon cleanse them. But are you not concerned, that your son may see his home sanctified, unspotted, and free from vice?"*

The washing of the pavements is a very great evil whether in winter or in summer, independently of the dampness it adds to the atmosphere. If done in the morning, it annoys passengers by wetting their feet, and not unfrequently the pavements become thereby covered with ice and dangerous to all pedestrians: if done in the evening as it often is, it is sure to have this effect in freezing weather; and in the milder, they remain wet till the next day noon. Now it is a fact, that there are many sick people who cannot take fresh air except by walking, and to them, and indeed to all delicate people, the damp pavements present a very formidable obstacle. This is not an hypothesis of mine, but a stubborn fact from the lips and hearts of many sickly people.

Pulmonary Gangrene. By MORETON STILLÉ, M. D., of Philadelphia.

In the thirteenth volume of the Prague Quarterly Journal of Practical Medicine, may be found an article upon Pulmonary Gangrene, by Dr. Fischel, physician to the Insane Asylum of the city of Prague. It is one of those valuable contributions to medical literature, which, from being in a language not generally understood, is not available to the mass of English readers. As, however, it relates to a subject rarely submitted to extended investigation, and contains many interesting observations, we propose to make use of it as a basis for the remarks we have to offer on this subject, and compare the opinions of the author with those of other writers. The disease treated of, although a rare one, is at the same time of much pathological interest, and on account of its infrequency is not as well understood as it ought to be. Reports of

*Ergo, miser, trepidas, ne stercore fœda canino
Atria displiceant oculis venientis amici,
Ne perfusa luto sit porticus; et tamen uno
Semodio scobis hæc emundet servulus unus.
Illud non agitas, ut sanctum filius omni
Aspiciat sine labe domum vitioque carentem?—Juv. xiv. 64.

the nature of that prepared by Dr. Fischel deserve to be made generally known, for it is by such laborious investigations that the bounds of our science are enlarged, and a wider field of profitable study reclaimed.

In the space of six years, viz., from 1840 to 1845 inclusive, there were made, at the Prague institution for Morbid Anatomy 3437 autopsies. Of this number, 3102 came from the General Hospital, the Lying-in and Foundling Hospitals, and 335 from the Insane Asylum. The cases of pulmonary gangrene among the former were 55, among the latter were 25, which is a proportion among the sane of 1.6, and among the insane of 7.4 to every 100 autopsies. This excess of cases among the insane was constant in each year, a fact which seems to preclude the idea that the great mortality from gangrene of the lung was due to an epidemic influence. The form of insanity was melancholy in 12, epilepsy in 5, mania in 4, and in 4 idiocy.

Dr. Fischel considers that this predominance of the cases among the insane, shows a greater liability to the disease upon their part; an opinion which is in harmony with the views of Genest and Guislain. He thinks also that its more frequent occurrence among those suffering under the depressing forms of mental disease, confirms the idea of its being dependent upon an impairment of the nervous energy, but does not venture to locate this supposed lesion, as some have done, in the pneumogastric nerves. Its exciting cause in the majority of his cases was insufficient and improper food. Others enumerated were loss of blood, abuse of ardent spirits, great physical exertion, and prolonged venereal excess. This statement gives, of course, but a very imperfect view of the etiology of gangrene of the lung. The persons who came under Dr. Fischel's observation were insane, and confined in a public charitable institution, their energies were exhausted by poverty, excess and actual disease, as well as by prolonged confinement, and voluntary abstinence from food. It is not difficult, therefore, to perceive how all these causes may have concurred to produce a condition of the system favoring the development of gangrene. It would not be correct, however, to regard them as the ordinary causes of the disease as it occurs in persons not under the same unfavorable hygienic circumstances. If its incidental development in the course of diseases of a typhous character be excepted, it will

be found that it usually occurs under the influence of exposure to cold and dampness, during periods of depression following great excitement either of a mental or bodily nature. It cannot indeed be denied that there is a certain kind of constitution in which it seems to be more readily developed than in others, but it is very difficult to describe it. Schönlein says that it attacks principally young people of delicate skin and florid complexion, who have given themselves up to an intemperate course of living. Canstatt collected twenty-two fatal cases, in sixteen of which the constitutional strength of the patient was noted, and twelve of them are described as being remarkably healthy persons. (*Med. Klinik, Bd. 3.*) Dr. Gerhard says that "gangrene occurs in exhausted subjects, either affected with diseases calculated to weaken the powers of the system or enfeebled by a life of intemperance, but there are exceptions to this rule. (*Am. Journ. Vol. xviii, p. 301.*) It is probable that these statements which appear to be somewhat at variance with each other, (and more of the same kind might easily be cited,) result from the frequent want of correspondence between the apparent muscular strength and the constitutional power of resistance to disease. While the first remains but little impaired, the foundations of the latter may have been long secretly undermined; cases exemplifying this truth are of daily observation, especially in our large hospitals, both in the medical and surgical practice; it being no uncommon event, that men of large stature and powerful frame, but of intemperate habits, succumb rapidly under injuries or diseases, apparently of a trifling character. Gangrene occurs in such persons most readily, being at one time the consequence and at another the cause of phlebitis, or the index of a general or of a local deficient vitality.

Dr. Fischel makes the usual division of pulmonary gangrene into two kinds, viz., the circumscribed and the diffused. Although Cruveilhier (*Path. Anat. t. i. liv. ii.*) thinks that both varieties are equally common, we believe he is the only writer of any authority who expresses such an opinion. Lawrence out of sixty-eight cases met with diffused gangrene only six times, and Laennec only twice in twenty-four years. In the Report for the year 1848 of the Vienna Institute of Morbid Anatomy, by Dr. Lauthner, we find that 1069 post mortem examinations were made in the year, and of this large number there were only five cases of gangrene of the

lung, one only of which was of the diffused kind. In Dr. Fischel's eighty cases there were but four diffused. Dr. Fischel's results confirm also the general impression that the disease occurs preferably in the lower portion of the lung, and chiefly in that of the right side; except, indeed, where it is consecutive to tubercular disease, when it may occur, of course, in any part of the organ so affected.

We have not met with any description of the forming stage of pulmonary gangrene, drawn from actual inspection of the lung, with the exception of a case reported by Dr. Gerhard (*loc. cit.* Case VIII.) In this case, which was one of diffused gangrene, the death of the patient took place at a very early period in the disease; the texture of the lung was not broken down, although infiltrated with serum, diminished in consistence, and of a gangrenous odor. The later stages of the gangrenous process are well known and may be easily recognised, but, in the absence of any very positive knowledge of its mode of commencement, it is usual and convenient to ascribe it to inflammation. It is very certain, however, that not being an ordinary result of inflammation, it must depend upon something extrinsic to this process, but not essential to it. If inflammation does not really include (as it is sometimes made to do) every possible morbid process, it is far more simple to confine it within the limits of stasis and exudation, and to regard the phenomena of resorption or of organization of the effused fibrin, as processes of reparation, complementary to, but not parts of the inflammation. And, in like manner, gangrene cannot be esteemed a result of inflammation, unless, indeed, we are to receive the etymological meaning of the word as the proper one, and consider that the death of the tissue is due to a sort of combustion. Such would seem to be the opinion of those, who speak of gangrene as the result of excessive inflammation. There really exists no such thing as too violent inflammation in this sense; it is by its diffusion that it becomes excessive or dangerous, since it cannot, in the ascending scale, go beyond the limit of an effusion of a more or less plastic material. When the blood vessels have been relieved, by its discharge, the phenomena which follow, are those of repair, and this process is more or less complete, according to the tissue affected, and the constitutional strength of the individual. The sentiment cannot be too often repeated, paradoxical as it may seem, that

inflammation is, *essentially*, a conservative process, and that when, by interference with the functions of organs essential to life, it becomes lethal, it is so, either by its extent or by the feeble recuperative power of the patient. If gangrene supervene upon inflammation, it is therefore to be attributed, not to the violence of this, but to causes, which although difficult to appreciate, are known to act by impairing or destroying the constitutional power of resistance. The engorgement and hepatization which are found around the gangrened portion of the lung cannot be regarded as manifesting a prior stage of the process of mortification, but are rather an indication of an effort made by nature, to throw up a barrier against the extension of the disease, by which the dead tissue is circumscribed and the source of the contamination isolated from the rest of the organ. It is the same process, essentially, which is seen in gangrene of the extremities, the progress of which it is designed to limit; when it does not occur, it is plain that no reliance can be placed upon the recuperative powers of the system. We may seem to be begging the question if we assert that gangrene is never a result of pneumonia, but as the direct anatomical proof of the fact cannot be procured, it is fair to refer to this as a matter of general experience, that so common a disease as is pulmonary inflammation, equally rare is gangrene of the lung, and that if it be a consequence of violent pneumonia the fact is a very remarkable one that it should occur so seldom. Indeed, all authors who have given particular attention to this point, agree that it does never succeed to a frank pneumonia; which is certainly equivalent to an admission that if it depends at all upon inflammation it is assuredly not due to an excess of it. Dr. Hodgkin (*Lectures—Mucous Membrane*) says, that it “generally if not always, seems to require some peculiarity in the constitution of the individual, rather than merely to depend on intense inflammation;” also, “it sometimes affects small spots scattered through the substance of the lungs; which quickly lose their vitality, without the precurrence of the ordinary symptoms of inflammation of the lungs.” Genest and Grisolle do not think that inflammation alone can produce it. The latter has never seen it follow a well characterized pneumonia. (*Traité prat de la Pneumonie*, p. 345.) Dr. Gerhard (*loc. cit.*) says, “In every instance in which the patients were seen in the early stages of the disease, I could distinguish

the humid rhonchi, indicating bronchitis, or at least the secretion of liquid into the bronchial tubes. There was in no instance, bronchial respiration, dull sound on percussion, or other unequivocal evidence of pneumonia—and in one case only was there even reason to suspect that pneumonia may have preceded gangrene.” Laennec (*Dis. of Chest*, p. 207) says, that “it can scarcely be ranked among the terminations of pulmonary inflammation, and still less can it be considered as the consequence of its intensity.” The opinion of some eminent pathologists, particularly of Carswell, Piorry, Cruveilhier, and Schrœdervan der Kolk, that the obliteration or obturation of the arteries of the lung, is the proximate cause of pulmonary gangrene, is hardly tenable, and that for reasons analogous to those we have offered above. This obturation, it is reasonable to suppose, is the consequence and not the cause of the death of the pulmonary structure, and depends possibly upon an inflammation of the minute pulmonary vessels, in consequence of the reception of the corrosive products of the gangrened portion of the lung, as well as upon the effusion of plastic lymph in the structure around them, by which they are compressed and their canals effaced. Dr. Fischel justly observes, that this inflamed state of the pulmonary vessels, has never been found as a primary affection. But however easy it may be to assign valid reasons against these views, it is by no means equally so, to say what is the proximate cause.

Dr. Fischel, indeed, in the spirit of the German “*Krasenlehre*,”—or doctrine of crases,—feels satisfied with referring it to a hypinosis, or to a deficiency of fibrine in the blood; but this is not a sufficient explanation for one very plain reason, viz., that this condition of the blood exists in several other pathological states of the system, in which, nevertheless, no gangrene occurs, or is dreaded. The view advocated by Genest, and Dr. Law, of Dublin, that it is a consequence of pulmonary apoplexy, seems to have much in its favor; for it is not difficult to conceive, that the effused blood, if it remain in the lung, may become putrefied by the action of the air, and become the source of the disease in that part with which it is in immediate contact. We believe that gangrene may originate in this manner, but there are many cases which cannot be explained by it. Hæmorrhage from the lungs is not unfrequently one of the first signs observed, yet it is more common in the pro-

gress of the disease than at its beginning,—a result of its progress, not the force which sets it in motion. The opinion of Dr. Stokes, always of great value, and particularly so in relation to this disease is, that the accidental putrefaction of blood effused in the lungs, cannot be reckoned even as an ordinary cause of pulmonary gangrene." He has not seen any cases of the change from one of these diseases to the other; and is of the opinion that where a pulmonary clot does become putrid, "the change is in itself a proof of gangrenous disposition pre-existing."—*Dub. Jour.*, Feb., 1850.

While it is of practical importance that the idea of the dependancy of gangrene of the lung upon inflammation should be combated, and its relation to pulmonary apoplexy considered as exceptional, it is not necessary for a correct knowledge of its treatment that an acquaintance with the exact nature of the process should first be possessed. For, knowing that all those causes which depress the nervous energy and vitiate the blood, may take part in its production, and that it appears, at times, to originate in consequence of the deprivation of sufficient nutriment, a rational treatment can be founded thereupon. In Dr. Fischel's cases, this last cause played an important part, and a large and interesting portion of his paper is taken up with a narrative of the means by which he sought to remedy it. We do not propose to enumerate these, nor the remedies recommended by various writers, as we would thereby trespass too much upon the space allotted to us. We have desired to call attention merely in a general way, to the anatomical characters of this formidable disease, and would take the liberty of referring the reader, for a minute account of the same, to a translation of Rokitsansky's description in Copland's Medical Dictionary. In order to understand the interesting process by which, in favorable cases, a cure is accomplished, we might bring together the results of the observations of Dr. Fischel, and the accurate clinical reports of Dr. Gerhard, before referred to. By such a comparison it will be seen how beneficial is the result of the inflammation surrounding the gangrened portion of the lungs; the extension of the disease being limited by an exudation of plastic lymph around the dead tissue. This exuded fibrin forms a wall of various thickness around the cavity left by the separation of the slough, and after the latter has been removed by expectoration, the

walls of the cavity, in course of time, gradually contract and approach each other, and sometimes finally unite, forming a dense cicatrix in the spot formerly occupied by the gangrenous eschar.

A Case of Cyanosis. By WILLIAM WATERS, M. D., Fredericktown, Maryland.

Mr. Wm. R. Y., of small stature and delicate frame, aged forty years, within seventeen days. According to the history given by his mother, Mr. Y. gave no evidence of morbus cœruleus until he was about six years of age; the seizure at this time was ascribed by her to an attack of measles, although the paroxysm came on after his recovery, and followed exercise in running about the yard. From that period until his death, he was subject to paroxysms on exercise, mental emotions, and occasionally after eating a full meal. The lividity affected his lips, face, hands and arms. When slight, the lips only would be affected, and the shade would vary from a partial blue tint almost to a black color of both lips and face. An intimate friend and schoolmate (Mr. V. E.) informed me, that at the age of ten years, he was in the habit of visiting his mother's about a mile from town. When he walked about half a square a paroxysm of dyspnœa, palpitation, and lividity would occur. To save time he would be obliged to carry him on his back to the country. He also states that four years ago he visited with him the same neighborhood, and they were four hours walking a mile and a half, so greatly did exercise affect his respiration. I have known Mr. Y. for the last twenty-five years, and believe, that with the exception of cyanosis, his general health has been pretty good; and although of feeble constitution and general muscular debility, he frequently acted in the capacity of a merchant. I often observed him in a squatting position or sitting upon his heels, with his body bent forwards, a position which gave him some relief in respiration. When perfectly quiet his remissions would extend to hours or days, but the slightest exertion at table would bring on a paroxysm. For the last two years I have observed more emaciation and debility. About six months ago he was taken with symptoms of hectic fever and night sweats, although he continued to go about until three months before death. About this time I was called in and found him laboring under congestion of the lungs,

with hectic, attended with dyspepsia and frequent colic ; the latter almost invariably produced by taking the least solid food. There was no diarrhœa. About two months before dissolution he expectorated bloody sputa, which soon subsided under the usual remedies, though there still remained some dyspnœa and cough, with frequent lividity of his lips and face. His pulse was accelerated and irritated, generally regular, though sometimes intermittent ; the night sweats were heavy whether preceded by fever or not ; bowels generally costive, but readily acted upon by aperients or injections. His cough became much more aggravated two weeks before dissolution ; tympanites also occurred, followed by slight œdema of the feet and ankles with ascites. The dyspnœa increased to orthopnœa, and sputa mixed with blood were discharged for four or five days before death, which eventually took place on the 19th of February, 1850.

Autopsy twelve hours after dissolution, assisted by Dr. J. Gregg Gibson, Mr. Wm. A. Waters, and P. Grove.

The emaciation of his frame was very great.

Thorax.—The pericardium contained some four or five ounces of serum. The heart rather smaller than ordinary, right auricle and ventricle much larger than the left. The right side of the heart very much distended with blood, particularly the right auricle and coronary veins, the latter were as much so as if filled with a wax injection ; the right auricle was unusually large, and the walls twice as thick as usual ; the foramen ovale was closed, but the fossa ovalis and annulus ovalis were located rather higher up than usual, or nearer the descending cava. The right auriculo-ventricular opening was larger than usual. The right ventricle was much larger and thicker than the left ; it was nine lines thick, the columnæ carneæ were also thicker than in the left ventricle, with some fibrinous deposits in the meshes of the chordæ tendineæ. The *Aorta* arose from the *right ventricle* in common with the left ventricle, from the base of the interventricular septum. The aperture in the interventricular septum admitted the passage of the middle finger with great freedom ; indeed the opening was three quarters to an inch in diameter between the ventricles. The sigmoid valves of the aorta were normal.

Pulmonary Artery.—Here was a most serious malformation. It arose from the right ventricle or interventricular septum, by a

small orifice only three or four lines in diameter ; the mouth of the artery was encircled with a tendinous band, and that circular band was crossed at the mouth by *another band* just in the *rear* of the circular band, which lessened the diameter of the aperture or mouth of the P. artery about one and a half lines; the larger aperture being the mouth of the pulmonary artery, and the smaller aperture terminating in a small blind sac a few lines in diameter and length, ending in the muscular tissue of the heart. Beyond this contracted mouth of the P. artery the vessel enlarged to its full size, and contained two large semilunar valves in lieu of three. Some fatty deposit was found between the mouth of the pulmonary artery and the valves, and likewise in the blind sac.

The *left auricle* appeared normal in the interior, except that the auriculo-ventricular opening was smaller than natural, barely admitting the little finger.

The *left ventricle* was small and concentrically thickened, the wall about six lines thick, the columnæ carneæ of the mitral valve were smaller than those of the tricuspid.

The aorta arose from the upper and anterior end of the left ventricle in common with the right ventricle, and also anterior to the mitral valve. It looked more into the right than the left ventricle, as the semilunar valves could be more readily seen in the right than the left ventricular cavity.

The lungs were both adherent posteriorly to the plureæ costales, the lower portion of both were tuberculous, and the upper portions were deeply engorged, and in places hepatized. The bronchial glands were as large as hickory nuts, of a dark venous color. There was also a calcareous deposit at the bifurcation of the right bronchiæ.

Abdomen.—Evacuated two gallons of water from the peritoneal sac; surface of the intestines blanched.

Omentum absorbed entirely to the colon; the transverse and descending colon down to the rectum contracted to the size or diameter of the index finger.

Liver studded with tubercles superficially, interior healthy as to structure, but of darker color than usual, as if from venous congestion. Spleen likewise darker than normal. Right kidney healthy, the left engorged slightly in the cortical portion.

BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on Inflammation of the Uterus and its appendages, and on ulceration and induration of the Neck of the Uterus. By JAMES HENRY BENNETT, M. D., Member of the Royal College of Physicians; Physician Accoucheur to the Western General Dispensary, &c. &c. Second American, from the second London edition. Philadelphia. Lea & Blanchard, 1850.

We have here presented to us a reprint of a volume already well known and well received by the profession on its previous issue; and though nominally a second edition, it is in reality a new work. In it is presented to the reader a complete history of inflammation in all the organs and tissues which constitute the uterine system, as elucidated by the application of physical investigation to the study of uterine diseases. The opportunities enjoyed by the author as house-physician to the Parisian hospitals St. Louis, Salpêtrière, and Notre Dame de la Pitié, together with his connection with a large dispensary, have afforded him the means of accumulating experience that entitles him to be heard as an authority upon the subjects of which he treats. Dr. Bennett, however, is evidently a hobby rider; and although we doubt not he may have the discriminating tact and judgment that enable him to detect the existence of inflammation and to know when to apply his favorite remedy of cauterization aright, there is, to our minds, a danger that those into whose hands the work will fall, viz., the younger members of the profession, may not be equally fortunate, and hence ill effects may follow, as we know they have in one instance, from the incautious use of this agent. This, we conceive, to be the more likely to occur, from the circumstance that Dr. B. states in his preface, that he has endeavored to demonstrate "that inflammation is the keystone to uterine pathology, and that unless the phenomena which it occasions be recognised and taken into consideration, all is doubt, obscurity, and deception."

With this preliminary observation, by no means offered in disparagement of the able treatise before us, we proceed to lay before our readers an analysis of its contents.

The first two chapters are occupied with the consideration of some preliminary matters, and an excellent account of the anatomy and physiology of the uterus. Chapter III. is occupied in the consideration of acute metritis, in the non-puerperal state, and in the different form of acute, chronic and internal metritis. Chapter IV. treats of inflammation and abscess of the internal appendages in the puerperal and non-puerperal state. The next five chapters treat of inflammation and ulceration of the neck of the uterus in the virgin; during pregnancy; during and after abortion and parturition; in advanced life; and accompanying uterine polypi, and fibrous tumors of the uterus. Chapter XI. treats of inflammation of the vagina and vulva. Chapter XII. is on the connection between inflammation of the uterus, or its neck, and functional derangements and displacements of the uterus, leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia and uterine hemorrhage generally; sterility, abortion, prolapsus, anteversion, retroversion, retroflexion, chlorosis, hysteria.

In this chapter, a most valuable one by the way, a recapitulation of the facts presented to the reader in the preceding chapters is laid before him, thus presenting to him the real nature of those morbid states, in a large proportion of the cases in which they are observed.

Chapters XIII. and XIV. are devoted to the consideration of syphilitic ulceration of the neck of the uterus, and the diagnosis of cancer of this organ. Chapter XV. and last is occupied with the consideration of the treatment of the different forms of disease as enumerated in the preceding pages. In the treatment of simple inflammation of the neck of the uterus we are glad to have Dr. Bennett's testimony in favor of alum, which he declares to be the most efficacious of medicinal astringents next to nitrate of silver. It has always been a favorite with us, in the form of injection in the proportion of a drachm to a pint as recommended by Dr. B. The proper mode of administering vaginal injections is also insisted upon; viz., upon the back with the hips elevated. The mode in which such remedies are often employed either in the erect or sitting posture, is worse than useless.

We have said that the chief agent relied upon by Dr. Bennett in the treatment of these various inflammations was cauterization. It is not to be supposed, however, that this is his only treatment; the

various adjuvants resorted to by every rational practitioner, as leeches, hip baths, injections, &c., are all employed by him. It would be in vain for us, in a limited article like the present, to do justice to the excellencies of Dr. Bennett's work; enough has been said and shewn of its contents to prove our favorable opinion of the doctrines and practice inculcated, with the cautions that we have thought it necessary to present to the young practitioner in relation to the use of caustics.

To the work is added an Appendix, "On the physical examination of the Uterus and its appendages," in which full and explicit directions are given for its conduction; together with a synopsis of three hundred cases presenting uterine symptoms, treated at the Western Dispensary.

In relation to physical examination, either digital or specular, Dr. B. believes that the laudable sense of propriety which prevents our seeking such an exploration, is often carried much too far. In this we agree with him, taking it for granted that such an examination would not be hinted at where the attendant did did not conceive it to be absolutely necessary. It is this "laudable sense of propriety" that has been so sorely shocked by the recent efforts of a professor of obstetrics, in one of our schools, to teach demonstrative midwifery, and that has aroused such a storm of virtuous indignation against him. We confess we have been unable to discover wherein the enormity consists, and have not failed to uphold his course, believing, that conducted as we know his demonstrations were, such teaching cannot fail to prepare the student more completely for his responsible station, than any amount of didactic lectures. We commend to those who are disposed to view this matter in a different light, the manly and dignified defence of the proceeding as published under the editorial head of the March No. of the Buffalo Journal.

In concluding our notice of Dr. Bennett's work from which we have wandered a little, we desire to express our warm appreciation of its merits, and our sincere belief that it will not fail to be a most welcome guide to all who may be so fortunate as to secure it.

An Essay on the Opium Trade, including a Sketch of its History, Extent, Effects, etc., as carried on in India and China. By NATHAN ALLEN, M. D. Boston. John P. Jewett & Co. 1850. pp. 68.

The author of the above pamphlet has presented us with a fund of useful and interesting material that we truly wish we could place in the hands of all our readers. Want of space, however, compels us to be satisfied with merely culling from it some details that cannot fail to be attractive to the medical inquirer, at the same time that we commend the whole to them for careful perusal.

The extent to which the cultivation of the poppy and the trade in opium are carried on in India is almost incredible. In speaking of the cultivation of this plant, the author of this essay states that "it is estimated that more than 100,000 acres of the rich plains of central India, as well as the alluvial valley of the Ganges, are now occupied for this purpose. Formerly these same grounds were used for the production of sugar, indigo, corn and other grain, but these useful crops have yielded to the more profitable culture of the poppy." The greater part of the opium manufactured in India is consumed by the Chinese, not for medical purposes, but as a luxury. "The principal use made of opium by the Chinese is in the form of smoking, and one great object in the trade is to furnish an article adapted to their peculiar tastes. This depends somewhat upon the cultivation of the poppy, the quality of its seed, the goodness of the soil, the manner of collecting and converting its juice into a dry extract or balls convenient for transportation. The Chinese value any sample of opium in direct proportion to the quantity of hot drawn, watery extract obtainable from it, and to the purity and strength of that extract when dried and smoked through a pipe." To improve its flavor and increase its strength, the opium, after its arrival in China, is subjected to various processes. Old smokers will retain the smoke a long time in the lungs, allowing it finally to escape through the nose. As the drug is expensive, those who are poor study to use it so as to obtain the greatest effect possible from the smallest quantity.

It is supposed that between four and five millions of persons in China are addicted to the vice of opium smoking, and that on an

average each person consumes upwards of seventeen grains per day. The quantity consumed depends very much on the habits of the smoker ; at first he cannot inhale more than from three to six grains at a time, but will go on gradually increasing the quantity, till in a few years his daily allowance will reach three hundred grains. It is calculated that the victims of this vice do not live on an average more than *ten years* after they have once fairly given way to the habit. According to this calculation, between four and five hundred thousand persons die annually in China from the deleterious effects of opium smoking. Well might the *native* remark : *It is not the man who eats opium, but it is opium that eats the man.*

“ The practice of *eating* opium, as a luxury, has prevailed for more than a century in Persia and Turkey, but that of *smoking* it originated at a much later period, and has been confined mostly to China and its adjacent provinces. The effects of the latter practice, we believe, are far more pernicious than the former.” A distinguished Chinese scholar in a memorial to the Emperor says : “ Opium is a poisonous drug, brought from foreign countries, and, when the poison takes effect, the habit becomes fixed, and the sleeping smokers are like corpses—lean and haggard as demons.” So strongly does the vice of opium-smoking fasten itself upon its victim, that having fairly contracted the habit at twenty, he may expect to die at the age of thirty years. It is very rarely the case that an habitual opium-smoker relinquishes the practice till his wretched career is ended by death.

Of the destructive effects of this drug upon an entire community, the island of Formosa, situated in the Chinese seas, and the province of Assam, lying on the eastern frontier of Bengal, afford most striking examples. Of the latter it is said, since the introduction of opium, “ the women have fewer children compared with those of other countries, and the children seldom live to become old men, but in general die at early manhood ; very few old men being seen in this unfortunate country, compared with others.” In regard to the former the following remarks occur :—“ The natives of this place were at first sprightly and active, and being good soldiers were always successful in battle, but the people called Hung-maou came thither, and having manufactured opium, seduced some of the natives into the habit of smoking it. From these the

mania for it rapidly spread throughout the whole nation, so that in process of time the natives became feeble and enervated, submitted to foreign rule, and were completely subjugated."

We are informed by our author that "more than 50,000 chests are now annually shipped to China, taking off in return thirty-five millions of dollars, a sum greater by half than is paid on the whole imports from all other countries. According to the most recent intelligence it is estimated that the sale will reach 50,000 chests the present year." During the year 1848-9, the clear profits of the British government in India amounted to \$15,488,000! And what return does this immense outlay bring to China? Nothing but loss of health, waste of property, mental imbecility, moral degradation and loss of life, evils that cannot be comprised in dollars and cents: figures and language fail to portray their magnitude and extent. Talk of the horrors of the slave trade, bad as it is, it is mercy compared to this; the horrors of the opium trade beggar description, and are worse to its victim than any outward slavery. We wish that time and space allowed us to dwell upon this theme, but we are constrained to leave it with the expression of our thanks to the author as a poor return for the obligation under which he has placed us, a sentiment in which we feel sure all will join us who may be so fortunate as to obtain a like opportunity.

A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, as they appear in the Caucasian, African, Indian, and Esquimaux Varieties of its Population. By DANIEL DRAKE, M. D. Cincinnati, Winthrop B. Smith & Co. Philadelphia, Grigg, Elliott & Co. New York, Mason & Law. 1850. pp. 878. 8vo. *With Hydrographical Map and Diagrams, and numerous Topographical Maps and Plans of Cities.*

How different from what it now is, and how greatly improved would be medical literature and the practice of medicine at the present day, if the precepts of Hippocrates had been carried out by his successors, after the example which that eminent philosopher and teacher himself gave, in his treatise "*On Airs, Waters, and*

Places.”* Whoever, he says, wishes to investigate medicine properly, should in the first place consider the seasons of the year, and what effects each of them produces; then the prevalence and temperature of the winds, distinguishing those of perennial direction from those which are peculiar to each locality, and the qualities of the waters. In the same manner, when one comes into a city or district in which he is a stranger, he ought to consider its situation, its exposure to the winds and to the sun, the waters which the inhabitants use, the nature of the ground, whether naked and dry, or wooded and well watered, the situation, hollow and confined, or elevated and cold. Next the new comer is to inquire into the mode of living of the inhabitants, and their pursuits, as to whether they are fond of drinking and eating to excess, and given to indolence, or are fond of exercise and labor and not given to excess in eating and drinking.

Informed of these things, a physician “cannot miss knowing, when he comes into a strange city, either the diseases peculiar to the place, or the particular nature of common diseases, so that he will not be in doubt as to the treatment of the diseases, or commit mistakes, as is likely to be the case, provided one had not previously considered these matters. And in particular, as the season advances, he can tell what epidemic diseases will attack the city, either in summer or in winter, and what each individual will be in danger of experiencing from the change of regimen.”

A physician, who has thus investigated the circumstances in which he is placed, “must succeed in the preservation of health, and be by no means unsuccessful in the practice of his art.”

Just in proportion as the recommendations and example of Hippocrates, in this celebrated treatise, have been followed, has been the permanent reputation of medical writers. To the worthy followers of the Coan sage, we are proud to add the name of Drake, whose labors in the same field of observation will insure him enduring fame, as the faithful and observant historian of the climatic peculiarities, and the medical topography and diseases of so important a portion of the earth as the interior valley of North America, and of the regimen and pathological tendencies and diseases

* The Genuine Works of Hippocrates—Translated from the Greek—with a Preliminary Discourse and Annotations. By Francis Adams, LL. D. In two volumes. London. Published by the Sydenham Society.

of the different races by which it is inhabited. The physiological and hygienic comparisons instituted by Hippocrates between the people of Asia and Europe,—families of the same race,—are made on a scale of greater geographical extent, and on various races by the American writer, with greater precision and accuracy of detail, obtained by the aid of scientific investigations and appliances which were unknown to the great master of Greek medicine.

We cannot, in advance of any critical or even analytic view of Dr. Drake's treatise, give a better idea of our appreciation of its great and distinctive merits than in thus connecting it with the treatise of Hippocrates "on Airs, Waters, and Places."

Having once entered on the field of investigation which he had proposed to himself, Dr. Drake continued to prosecute his inquiries and observations for a term of years, with perseverance, and a sincere desire to arrive at a knowledge of the facts and without any preconceived theory or bias.

The volume before us consists of two Books, the first of which contains three parts; of these latter, the first has sixteen chapters, the second five, and the third four chapters. Book second includes eleven chapters.

Book first treats of *General Etiology*, which is discussed under the heads or parts of 1. *Topographical and Hydrographical Etiology*; and 2. *Climatic Etiology*. The second, which is the most attractive theme, cannot, however, be either studied or understood to any extent without the aid of the first; and the two jointly are of paramount value, we might say necessity, for a clear knowledge of the diseases described in a subsequent part of the work. It would be a grave mistake in the reader and injustice to the author, not to see a unity of plan and purpose in its numerous divisions. Many of these, which, at first sight, would seem to be matters of allowable philosophical curiosity merely, or at most collateral or even introductory, are, truly, an integral and indispensable part of the treatise; and they could not be detached from it without marring its proportions, if not actually destroying its characteristic and attractive features.

The common constituents of climate, in temperature, atmospheric pressure, and dryness and moisture, force and direction of the winds, and electricity, are greatly modified, independently of latitude and the succession of seasons, by the localities, whose

peculiarities are included under the head of *Topographical and Hydrographical Etiology*. This is first exhibited in a "general analysis," and then in connection with successive portions of the "southern hydrographical basin," which includes the Gulf of Mexico and the different towns and harbours and inlets from Vera Cruz to Mobile, and the *Delta of the Mississippi*. Thence, in one direction, we follow along the bottoms and bluffs of this river on to the Upper Mississippi, and, in another line, the regions "*West of the Gulf and of the Mississippi River*." In fine, the entire regions on each side of the father of waters, up to the Ohio Basin and the countries north of this latter, are spread before us by the author, who has thus collected and concentrated an amount of medical hydrography and topography of the great valley of the Mississippi, hitherto either unknown, or to most of us unattainable.

Next we are taken over the "*Eastern or St. Lawrence Basin*," including the regions of the lakes and of the river itself; and the first part is concluded by a sketch of the "*Hudson and Arctic Hydrographical Basins*."

Part second is devoted to "*Climatic Etiology*" under its appropriate divisions. Part third furnishes us with "*Physiological and Social Etiology*," especially of the Caucasian portion of the people of the Great Valley, in their physiological characteristics, diet and use of stimulating and narcotic substances; also in their clothing, lodging, bathing and habitations, and in their occupations, pursuits, exercise and recreations. The Hippocratic advice given at the beginning of this notice, has been fully followed out by Dr. Drake; and no physician can henceforward pretend to practice medicine in the great valley of North America, without having first possessed himself of the *Systematic Treatise* and studied carefully its contents, that so he may prepare himself for a suitable treatment of the diseases in his town or district, and for filling up from his own observation the great outlines furnished in this work.

Book second exhibits the application of all that preceded it to a review of the geographical and topographical, in fine, the climatic causes of Febrile Diseases; beginning with Autumnal Fever, being that which has the widest range, and attacks the greatest number of people. The divisions of this latter described by Dr. Drake, are first, Intermittent Fever, with its varieties of simple, inflammatory and malignant, and then Remittent Fever, considered as simple and malig-

nant. The last two chapters are given to a consideration of the "*Pathological Anatomy and Consequences of Autumnal Fever.*"

From the preceding outline our readers may acquire some idea of the abundance and variety of the topics examined in the present volume. Of their richness and intrinsic worth, they can only obtain accurate notions by reference to its pages. Even if more space were allotted to us than is possible within the assigned limits of this journal, we should still fail to do justice to the multiplied and painstaking researches, statistical and other tabular estimates, as of temperature, barometrical changes and seasons, interspersed with judicious summaries and apposite statements of the material facts, with which this volume abounds.

Adequate apology, if any be needed, for the want, on the part of the author, of more abundant literary reference and comparisons between the American and other climates, is given in the following passage of his Preface, in which he says:

"Long journeys of observation, repeated through a large part of several years, with elementary teaching in winter, have much abridged the time for bibliothecal research, and, perhaps, even diminished the taste for that mode of inquiry." After admitting that, notwithstanding his extensive explorations, large regions of country remain unvisited, he adds that, "as his personal examinations were carried through eighteen degrees of latitude and as many of longitude, he trusts that facts which may, in some degree, stand as representatives of the whole, *have* been collected; and, therefore, that no general conclusion will be found radically wrong."

While prosecuting his researches, the author "visited the larger part of the military and naval posts of the Interior Valley, both American and British, bearing a letter explanatory of his object from Major General Scott, and received, from each, such facilities as were practicable." We can readily understand the value of these visits, from the fact that at the American posts, for many years past, meteorological registers have been carefully kept, agreeably to rules and instructions laid down for the purpose when Mr. Calhoun was Secretary of War.

The engravings, for the illustration of medical topography, include those of the Bay of Pensacola, Mobile Bay and City, the Delta of the Mississippi, New Orleans, Transverse Section of the Trough of the Mississippi, Memphis, with a Section of the Trough

of the Mississippi, St. Louis, Louisville, Harroldsbury Springs, Pittsburg, Cincinnati, Mackinac, Buffalo, Island of Montreal and Quebec. Not only are there engravings of the cities just named, but, also, of the environs of each. Accompanying them are brief but lucid descriptions of the soil and of the geological formation of the adjacent region, either maritime or alluvial, together with their peculiar climatic features.

Not the least attractive subject, of those which come under a consideration of the influences of climate, is that of "Climatic Distribution of Plants and Animals," treated of in Chapter V. of Part Second.

We should like much to be able to present a summary, with illustrative extracts, of the Physiological and Social Etiology, contained in Part third of Dr. Drake's volume; but our limits forbid. The reader will find a pleasant notice of the different national origins of the people of the great valley and of the late and present emigrants from Europe, coming from no less than seven different countries; the first enumerated being the Irish, and the last the Poles. The oldest great family of all, that of the Jews, is also mentioned.

In the chapter on Physiological Characteristics, under the head of Inter-marriage, our attention was arrested by the following paragraphs:

"1. Our frontiers, from Quebec, round by the Lakes and Hudson Bay, to the Gulf of Mexico, beyond the Rio del Norte, present a mixed race of whites and Indians; which is gradually lost, in the population residing immediately *within* that boundary. Thus Indian blood is, as it were, absorbed by the surface of the new nation. The readiest amalgamation with the people of that race, is by the northern French, and the southern Spanish Creoles; but the Anglo-American immigrants from the Atlantic States, and their descendants have, at all times, when war did not prevent it, shown a propensity of the same kind.

"2. Wherever there is a negro population, bond or free, the same coalescence is displayed; so that in all our towns, from Mobile to Montreal, and from Pittsburg to St. Louis, the streets are more or less thronged with mulattoes, quadroons, and other mixed breeds, all pressing upward, that is, ambitious of inter-marriage with those whiter than themselves; and thus our Caucasian blood is constantly, though slowly, acquiring an African element. In the wil-

lingness for this commingling, the Spanish Creoles of Florida, Louisiana and Mexico, stand first; next come the French Creoles of the Lower Mississippi; then some of the classes of the modern emigrants from Great Britain, Ireland and Germany; lastly, the native Anglo-Americans."

Apposite remarks, respecting the changes being wrought on the inhabitants of the great valley, of which intermarriage is one, are made under the additional heads of changes of climate, of food, and of political, moral and social condition.

The section on statistical physiology communicates some precise returns respecting the stature, weight and strength of the different people who inhabit the valley. Towards the illustration of this subject the materials are as yet few.

Instructive matter is given in the chapter on the modes of living of the people of the great valley, including a consideration of the solid and liquid food and table drinks. The varieties of water are considered, both natural for drink, mineral for medicinal uses, and artificial for both purposes.

When speaking of alcoholic drinks, the author tells us that "the successful cultivation of the vine in different parts of the valley, above all in the country around Cincinnati, has originated the manufacture of wine—not from various ingredients—but from the undiluted juice of the grape."

"BAR ROOM DRINKING.—While family and hospitable drinking have thus declined, bar room drinking, in many parts of the valley, has held its own."

Large quantities of beer "are drunk in the beer houses with which all our towns and cities abound. It is the cherished beverage of our German and English immigrant population. Cider, formerly manufactured and consumed in large quantities by the people of the State of Ohio, is now in less general use.

Dr. Drake discusses the question of the "Necessity and Effects of Alcoholic Drinks." He shows from *a priori* reasoning and from the evidence of facts on a large scale, that there exists no such necessity as that claimed for their use by some physiological writers. He admits that there is a desire for stimulants as well as a desire for food implanted in the physical system of man. These are common salt, an element of the blood, not less than a stimulus; the various aromatic and acrid substances, which man has sought out

and instinctively mingled with his food and drinks, under the name of condiments; and, lastly, tea and coffee. These are all the physical stimulants which his system demands for its full perfection—all that are necessary to satisfy his desires, when kept unperverted. Adapted by infinite wisdom, to man's wants, not less than to his instincts and appetites, he seldom uses them to excess; and when he does, their injurious effects bear no assignable proportion to those of the artificial substitutes, which his ingenuity has manufactured out of sugar, now known to be the only source of alcohol." In these conclusions we heartily concur.

Tobacco is largely used in the great valley, as, unfortunately, it is everywhere else. The author thinks that "nothing in the present state of society justifies the expectation that tobacco will go out of use."

When speaking of "Clothing," the author tells us that the male population of the Valley are generally well clothed, as far as relates to protection from cold. The same cannot be said of the dress of the females, in which cotton and silk too often exclude woollen textures. An improvement, however, is going on in this respect, especially in the more general use of muslin or flannel drawers. Proper strictures are made on the dress of the children, in their being often inadequately clothed—not from deficiency of means on the part of their parents, but to meet the requirements of absurd fashions. Specification is made of the pernicious fashion of exposing the arms and upper parts of the chest during youth.

Bathing, we regret to learn, is far from being general in any part of the Valley. "Our large cities, from New Orleans and Mobile to Pittsburg and Montreal, ought to have public cistern-baths, for the gratuitous accommodation of the poorer laboring classes, so many of whom, when sick, are supported at the public expense in our almshouses and hospitals." It would be easy, as Dr. Bell has shown in his late work on Baths and the Watery Regimen, &c., to procure warm baths on a large scale, at a low cost, wherever steam power is used.

Judicious remarks follow on Lodgings, Habitations and Shade Trees; and, in successive chapters, on Agricultural Labor, Commercial Pursuits, Mining and Smelting, Salt Making, Mechanical and Chemical Arts and Manufactures, in reference to the health and tendency to disease of those engaged in them.

Under the head of Exercises, Recreation and Amusement, Dr. Drake lays merited stress on the necessity of a portion of time being allotted to these purposes, in the interests of a healthful state of both body and mind. He regrets that the utility of systematic exercise is so little appreciated in the Great Valley, and he shows its importance on physiological grounds. On the subject of Dancing, the author asserts, too truly, that, "As a mode of exercise in childhood and youth, it is insufficient; and as a method of amusement in after years, it is neglected by those who, physiologically speaking, most require it."

At the conclusion of Book first, the author indulges in some remarks on the probable future, as regards the physiological traits, and the diseases of the people who shall then inhabit the Great Valley.

"The physicians of a future day will see, what we cannot now, a prevailing temperament, a stature, form, complexion and physiognomy, characteristic of an indigenous, but greatly compounded race; with its own physical, intellectual and moral constitution; its special liabilities and exemptions from disease; its national idiosyncrasies, and the required peculiarities of hygienic regimen and therapeutic treatment. In the course of this development, what hereditary diatheses may disappear, and what new ones take their places; what new maladies may arise, or old ones cease or become greatly modified, under the joint influence of mingled blood, of climate, water, occupations, modes of living, customs, and moral, social and political influences, cannot be specified; but a few predictions may be hazarded:

"1. Autumnal fever will decrease, and typhus and typhoid fevers become more prevalent.

"2. Gout will occur oftener than at present.

"3. The diseases produced by the intemperate use of ardent spirits will diminish.

"4. Consumption and scrofula will increase.

"5. Apoplexy, palsy and epilepsy will become more frequent.

"6. Diseases of the liver will become less, and those of the mucous membrane of the bowels more prevalent.

"7. Lastly, mental alienation will be more frequent."

Book Second will be devoted, as we learn at p. 702, "to febrile diseases, under the five following heads: *First*, AUTUMNAL FEVER—*second*, YELLOW FEVER—*third*, TYPHOUS FEVERS—*fourth*, ERUPTIVE FEVERS—*fifth*, PHLOGISTIC FEVERS, or the PHLEGMASIÆ."

The first part of the second Book on Autumnal Fever, with its

varieties already designated, is contained in the present ample volume. The article on Yellow Fever, will, as the author informs us in his Preface, make the first part of the second volume, "the materials for which have been chiefly collected, and considerable portions of it written, so that the author hopes it may be committed to press in about a year"—from December, 1849.

We cannot pretend to review the part on Autumnal Fever; but we are safe in recommending it for the ample views which it presents of the etiology and special pathology of the varieties and complications of periodical fever,—although on some points we might express our dissent from the opinions of the author, as, for instance, on the subject of Malaria.

We close reluctantly our notice of this valuable work, of which not only the people of the Great Valley, but also of the United States, may be justly proud, as an enduring contribution, of the highest order, to our national medical literature. Its estimable author may send it to Europe as a rich equivalent for medical productions obtained from that quarter and largely current among us.

A word to our readers. The volume now issued, although but a part of the great work, is so full and complete in its divisions, and these have such connection and co-ordination one with another, that it may be read and studied as an entire production, susceptible of connection with that which is to come, but not dependent on it for harmonious proportions and general fitness and adaptation.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1850.

AMERICAN MEDICAL ASSOCIATION.

The following resolution, appended to the Report of the *Committee on Medical Literature*, was adopted by the Association at the meeting at Cincinnati in May last.

Resolved, That the sum of ONE HUNDRED DOLLARS, raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with PHYSIOLOGY, or MEDICAL CHEMISTRY, and

that a committee of seven be appointed to carry out the objects of this resolution: Said committee to receive the competing memoirs until the first day of March 1851; the authors' names to be concealed from the committee; and the name of the successful competitor alone to be announced after the publication of the decision.

Dr. FRANCIS G. SMITH, Philada., Chairman.

Dr. ALFRED STILLÉ, Philada. Dr. JAMES MOULTRIE, Charleston, S. C.

" FRANKLIN BACHE " " ROBERT BRIDGES, Philada.

" L. P. YANDELL, Louisville, Ky. " WASHINGTON L. ATLEE, Philada.

In accordance with the above resolution, the Chairman gives notice that the sum of *one hundred dollars* is secured, and will be paid over to the successful competitor, or, if preferred, a gold medal of equal value bearing a suitable inscription.

The competing memoirs must be transmitted to the Chairman, free of expense, and should be designated by some appropriate motto; the author's name accompanying it in a sealed packet, designated in like manner. The successful essay will become the property of the Association, and in case no paper of sufficient merit is offered, the time will be extended for another year.

After the decision of the committee, the sealed packet containing the author's name will be opened in the presence of the Association.

Medical Journals throughout the country are requested to give publicity to the above Notice and to aid in furthering the wishes of the Association in this respect.

FRANCIS G. SMITH, M. D., Philada., *Chairman*.

ASSIMILATED RANK IN THE NAVY.

At the annual meeting of the Medical Society of New Jersey, held at New Brunswick, May 14th, 1850, the following Preamble and Resolutions were adopted, viz:—

Whereas, it is a manifest duty, that organized medical bodies should exercise a proper influence for the protection of the rights of such regular members of the Profession as are necessarily detached from the great body of their brethren; and, whereas, many of the Medical Officers included in the military organizations of the country, are placed in this condition; and whereas, we have heard with regret, that there is a disposition on the part of a portion of the naval service, to deprive medical men connected with that Department, of the benefits arising from an assimilated rank, conferred by a general order of a late Secretary of the navy. Therefore be it

Resolved, That the "New Jersey State Medical Society" regards with much pleasure the successful efforts of the "Navy Boards," in raising the standard of Literary and Medical knowledge, for an admission to their ranks.

Resolved, That this Society is also much pleased to learn, that in their system of examinations the *Diplomas* of the schools (which are now but too easily obtained) are wholly disregarded; and that the moral character of the candidate, and his scientific and professional attainments, are his only passports to the medical corps of the navy.

Resolved, That this Society cannot look with indifference on any attempt to depress or degrade a whole class of public officers, belonging

to a liberal profession, and so indispensable in the proper organization of the navy of their country.

Resolved, That as a well defined "Assimilated Rank," has been assigned to Medical officers of the Army, by an act of Congress, dated Feb. 11th, 1847, this Society cannot believe, that an invidious distinction will be made, between the *Medical Departments* of the Public service; but, that the National Legislature will protect the Surgeons and assistant Surgeons in their just claims to a *Nominal Rank*, or a *social* position, as respectable among the other grades of the Navy, as the *Medical Staff* of the Army now enjoy *by law*, in relation to their *brethren of the Line*, in that service.

Resolved, That a copy of these resolutions be forwarded to the Secretary of the Navy, through the Chief of the Medical Department; and also that a copy be forwarded to the chairman of the Naval Committee, in each house of Congress.

W. PIERSON, M. D., Rec. Sec. of Med. Soc. N. Jersey.
New Brunswick, N. J., May 14th, 1850.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,

At the Third Annual Meeting, held at Cincinnati, May, 1850.

The Association met in the "College Hall," May 7th, at 10½, A. M.

The President, Dr. WARREN, in the Chair.

Dr. STRADER, on behalf of the Committee of Arrangements, read a list of the delegates who had registered their names. About three hundred delegates were present.

The President delivered an Address.

On motion of Dr. WATSON, of N. Y., the Constitution was read.

The rules being suspended, Dr. WATSON moved that Drs. DRAKE, RIVES, LAWSON, DODGE, STRADER and RICHARDS, members of the Committee of Arrangements appointed in 1849, but not belonging to the Association, be elected permanent members.

On motion of Dr. STILLÉ, the name of Dr. C. C. CALDWELL, of Louisville, was added to the number, and the whole elected by an unanimous vote.

An invitation was presented from the "Mercantile Library," offering to the Association the use of its reading room, for which, and for all similar invitations, the thanks of the Association were, on motion of Dr. PHELPS, directed to be tendered.

On motion of Dr. PHELPS, it was *Resolved*, That the Afternoon Session of the day commence at 4, P. M.

The names of delegates first recorded on the list of the several States were then read, on motion of Dr. WATSON, and the gentlemen requested to call their colleagues together, for the purpose of constituting a Nominating Committee.

Adjourned.

Afternoon Session.

The PRESIDENT in the Chair.

The Committee of Arrangements reported the names of persons recommended by various delegates as members by invitation.

Dr. WHITE, of N. Y., moved that the subject be referred to a Special Committee of Five, who should report, at the Morning Session, the names of all

who ought to be elected by the Association; which was agreed to, and the following committee appointed:

Drs. WARE, of Mass., JOHNSON, of Miss., DOWLER, of La., PARRISH, of Pa., FLINT, of N. Y.

The Committee of Arrangements presented an invitation to the Association from the Western Art Union to visit their rooms.

The names of delegates arrived since the morning report were read by the Committee.

The Secretary read a letter, addressed by the Secretary of the Smithsonian Institute to the President of the Association, relative to the registration of diseases, &c., throughout the United States, and offering, in behalf of the Smithsonian Institute, a room in its building as a place of meeting for the Association.

On motion of Dr. PHELPS, of N. Y., that portion of the letter having reference to the Annual Meeting, was referred to the Nominating Committee.

On motion of Dr. KNIGHT, of Conn., that part bearing upon registration was referred to the Committee on Hygiene.

The Secretary asked and obtained leave to present the Reports of the Publishing Committee and of the Treasurer.

They were accepted, and referred to the Committee on Publication, and the Resolutions appended to the Report of the Committee on Publication were adopted, as follows:

Resolved, That the assessment for the present year be *three dollars*.

Resolved, That those delegates who pay the assessment shall be entitled to one copy of the Transactions of the present year; and that the payment of two dollars, in addition, shall entitle them to two additional copies.

Resolved, That permanent members shall be entitled to one copy of the Transactions of the present year, on the payment of two dollars, and three copies on the payment of five dollars.

Resolved, That Societies which are represented at this meeting shall be entitled to copies for their members on the same terms that such copies are furnished to permanent members.

Resolved, That permanent members, unless present at the meeting as delegates, shall not be subject to any assessment.

Resolved, That any delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

Resolved, That the several committees be requested to bring their reports correctly and legibly transcribed; and that they be required to hand them to the Secretaries as soon as they have been read.

On motion of Dr. MARTIN, of Indiana, the Committee of Arrangements were requested to procure another room for the meetings of the Association.

On motion of Dr. PARRISH, of Pa., the Report of the Committee on Medical Education was made the order of the day for the next morning.

The Secretary presented and read a part of the Report on Hygiene.

Dr. PHELPS moved the reference of the Report to the Committee on Publication.

Dr. LAWSON, of Ohio, moved that it be laid on the table, for the further consideration of the meeting.

The amendment was negatived, and Dr. PHELPS' motion was then adopted.

A communication from Dr. FENNER, of La., was received, accompanied by a portion of a work, now in the course of publication, upon the Meteorology, Medical Topography, and Diseases of the Southern States, and asking the co-operation of the Association.

The subject was laid upon the table, in consequence of the entrance of the

Nominating Committee, prepared to report the names of the officers of the Association.

The Committee, consisting of one from each State, reported the following as Officers of the Association :

President.—R. D. MUSSEY, M. D., Ohio.

Vice Presidents.—J. B. JOHNSON, Missouri, A. LOPEZ, Alabama, DANIEL BRAINARD, Illinois, G. W. NORRIS, Pennsylvania.

Secretaries.—ALFRED STILLÉ, Pennsylvania, H. W. DE SAUSSURE, South Carolina.

Treasurer.—ISAAC HAYS, Pennsylvania.

The Report was accepted, and Dr. SMITH, of N. J., moved that the officers thus nominated be the Officers of the Association for the ensuing year.

After some discussion by Drs. STORER, of Mass., YANDELL, of Ky., McNALLY, of Ohio, WHITE and WATSON, of N. Y.,

Dr. HOLT moved the previous question, which was sustained, and

Dr. SMITH's resolution was adopted.

On motion of Dr. ROBERTS, of Md., the Association then adjourned until 9, A. M., May 8.

May 8th. Morning Session.

Dr. WARREN in the Chair.

The minutes of the previous meeting were read and approved.

The Committee of Arrangements reported the names of delegates arrived since the previous report.

The following resolutions, offered by Dr. BOWDITCH, of Mass., were then unanimously adopted.

Resolved, That the American Medical Association has learned with deep regret of the death of Prof. HARRISON, their late Vice President, and they hereby wish to express their high sense of the virtues, talents, and professional merit of their distinguished associate.

Resolved, That in dying, as he did, while engaged in ministering to the wants, and relieving the sufferings of his fellow citizens, this Association recognise in him a noble example of professional self-sacrifice.

Resolved, That the warmest sympathies of this Association, are hereby most respectfully tendered to the family of their honored and deceased associate.

On motion of Dr. STILLÉ, it was

Resolved, That a properly authenticated copy of the resolutions be transmitted to the family of Dr. HARRISON.

Dr. BLACKBURN, of Ky., moved that a committee of three be appointed by the Chair to introduce the newly elected officers, and to conduct the President elect to the Chair.

The Chair appointed Drs. KNIGHT, of Conn., CORBIN, of Va., and BLACKBURN, of Ky.

The President elect having been introduced by the Committee, was presented to the Association by the President. Dr. MUSSEY then returned his thanks to the Association for the honor conferred upon him.

On motion of Dr. CORBIN, of Va., the late President and Vice Presidents were invited to take their seats upon the platform.

The following resolution, introduced by Dr. KERFOOT, of Pa., was unanimously adopted:

Resolved, That the thanks of the Association be tendered to the late

officers, for their very gentlemanly, courteous, and efficient manner of conducting the business of the Association.

Dr. STILLÉ moved a suspension of the rules, for the purpose of hearing the Report of the Committee on members by invitation.

Dr. WARE, chairman of the committee, made a report, concluding with the following resolutions:

Resolved, That all those gentlemen who have been nominated to the Association be admitted as members by invitation.

Resolved, That, at the next meeting of the Association, a committee shall be appointed, at an early period of the session, to whom shall be presented all nominations of members by invitation, who shall report such of them for admission as shall appear, according to a liberal interpretation of the Constitution, to have a claim to this privilege.

Dr. WHITE, of N. Y., moved the adoption of the resolutions; but on motion of Dr. RIVES, of Ohio, the resolutions were considered separately, and the first was adopted. The second, after much discussion, was, on motion of Dr. PALMER, of Michigan, indefinitely postponed.

Dr. HOOKER, of Conn., offered the following:

Resolved, That the section in the Constitution relating to members by invitation be repealed.

This lies over, according to rule, until the next meeting of the Association.

Dr. EVANS, of Ky., also offered a resolution of the same purport.

The President announced the Report of the Committee on Education as the order of business of the day.

Dr. WATSON asked a suspension of the rules, for the purpose of bringing before the Association the communication of Dr. FENNER, of N. O., which was refused.

Dr. BLATCHFORD, of N. Y., presented the report of the Committee on Education, which he requested might be read by the Secretary, as the chairman of the Committee was absent. The Secretary read the report.

[This report is the production of the Chairman, Dr. JOSEPH ROBY, Professor in the University of Maryland, and was not signed by either of his colleagues.

It refers in the first place to the previous discussions which have been entertained by the Association on this important question, and considers that they embrace a "somewhat intricate intermingling of facts and opinions." The facts include a statistical history of the number of schools, professors, students, and graduates, the means of instruction furnished, requirements for the degree, &c.

The opinions assert, in general terms, that the whole system of medical education in this country is defective and incomplete, from the fact that the schools are too numerous, their instructors too few, the time devoted to study too short, and the bestowal of honors too profuse, thus leading to a depreciation of the profession, and of the schools.

The report defines the position of the Association to be one of forbearance and conciliation towards the schools, its recommendations being advisory, and not binding; while it claims for the schools a general disposition to acquiesce in those recommendations, and to aid the association in its efforts to improve and advance the cause of sound medical learning.

The grounds upon which this latter conclusion is based, do not, however, appear to be clearly shown in the sequel.

In regard to the recommendations of the Association upon the subject of preliminary education, so far as these relate to the schools, the report states, "the

Association has attempted to obviate this difficulty, (*viz.*, a want of suitable preliminary education,) by urging upon the schools certain recommendations, which as yet have not been fully complied with. Neither of the parties most interested seem willing to meet the responsibility. The student dislikes to have his self-complacency offended, the practitioner fears to hazard the good will of the student, and the school is too anxious lest the portal of some active rival may be found easier of access than its own. Hence, with the defect generally acknowledged and deplored, it does not appear that much has been done towards applying any efficient remedy."

In regard to increasing the number of instructors, and the period of instruction, another recommendation of the Association, the language of the report is equally discouraging.

"We do not learn," says the chairman of the committee, "that there has been a general adoption of either of these recommendations."

In reference to the extension of the lecture term, the writer of the report appears to be in doubt as to whether the object of this recommendation was to increase the number of lectures, or to extend the time in which the same amount of instruction should be communicated.

In confirmation of the latter being the correct view, it is stated, that "in the institution selected by the committee of 1849, as nearest the European model, in which the lecture term is one of six months, the aggregate amount of instruction, as reported, is really less than in another school, whose course continues but four and a half months."

This strikes us as a remarkable statement, and we are at a loss to perceive how the quantity of instruction can be so accurately measured and timed.

In regard to another recommendation of the Association, *viz.*, that a more rigid test should be adopted by the schools, for admission into the profession, the report is still less satisfactory.

The writer contends that in this country, admission into all the liberal professions must be comparatively easy. "The nature of all our institutions supposes this. They must conciliate the public good will, upon which they are dependent for their existence and patronage, by a liberal exercise of their powers and privileges."

"This is especially the case with new institutions in new States. It may be deemed doubtful, therefore, whether any uniform plan of medical education can be adhered to, throughout the Union. The Northern and Middle States, having a dense and wealthy population accustomed to educational institutions, and able as well as willing to sustain them, are in a very different condition from that of the newer communities of the West and South West."

The reporter farther denies the authority of any central power to enforce a uniform system of laws regulating matters pertaining to education, and believes that any attempt to adjust such a system would excite suspicion and opposition. "Indeed," says the report, "it is perfectly notorious, that the only institution in the country that approaches the best foreign schools in thoroughness of scientific and practical instruction, has, at times, barely survived the attacks of political jealousy."

It is to be regretted that the committee have not named the institution here referred to, as we apprehend that the allusion was not understood by the great body

of those who listened to the report, and we now confess our entire ignorance of it. The chairman declines a more elaborate examination of the subject committed, from an apprehension of multiplying issues between the profession and the schools, and proposes that the Association await the action of the schools upon the recommendations which it has issued.

The report closes with a brief remark upon a resolution submitted to the consideration of the committee on the propriety of encouraging schools of Pharmacy, for the purpose of preparing persons for the business of Apothecaries. Upon this point the Chairman manifests a surprising ignorance of the present state of Pharmaceutical knowledge. He states that although schools of Pharmacy exist in most of the Atlantic cities, "none of them seem to be in active operation." A little inquiry would have satisfied him, that, in regard to Philadelphia at least, this statement is entirely erroneous. A flourishing College of Pharmacy has been in active operation in Philadelphia for twenty years past, and has exercised a remarkable influence upon the pursuit of this branch of business.

Among the active members of this institution are many apothecaries, possessing a thorough scientific and practical knowledge of Pharmacy, and occupying a high moral and professional position.

They hold regular meetings, are governed by an excellent code of Ethics, and were among the prime movers in the late proceedings which led to the adoption of laws for preventing the importation of spurious drugs. At the recent convention for revising the U. S. Pharmacopœia, their delegates were received on an equal footing with those coming from Medical Colleges; and were among the leading members of that scientific body. An excellent system of instruction in *Materia Medica*, Chemistry and practical Pharmacy, with the power of granting degrees in Pharmacy, is attached to this flourishing institution.

A Journal, occupying a high rank, both for its literary and scientific merits, is regularly published under the sanction of this College, and its proceedings are thus fully made known.

With these facts so readily accessible, we can see no excuse for the broad assertion made by the Chairman of this Committee, that none of the schools of Pharmacy are in active operation, and we trust that this report will not appear on the proceedings of the Association until this part of it is corrected.

We have endeavored to lay before our readers, thus early, a faithful sketch of this report, from the great and general interest which the questions of which it treats has excited throughout the medical community. That the report fails to sustain the previous views and policy of the Association upon the subject of medical education, we think will be generally admitted. This sentiment seemed to pervade the minds of those who listened to its reading at Cincinnati, and the two members of the Committee, Dr. Blatchford, of Troy, N. Y., and Dr. Roberts of Baltimore, who were present at the meeting, declined signing it. The former gentleman presented his views in a series of resolutions, re-affirming the previous recommendations of the Association, and urging upon Medical Colleges and upon the profession to forward and sustain them.]

Dr. BLATCHFORD offered the following resolutions, prefacing them with the remarks that although a member of the Committee, he had not seen the report, until late on the preceding evening, and that he dissented altogether from the opinions it expressed.

Whereas, This Association has learned through its several committees, appointed from year to year to examine into the state of medical education in our country, that many of the medical colleges invested by law with the power of granting degrees, still continue a system of instruction which we cannot but regard as defective both in the time allotted to the delivery of lectures, in the attention paid to practical anatomy, in the facilities afforded for clinical instruction, and in the low standard of the requirements for a degree, therefore,

Resolved, That this Association reiterates its former recommendations upon these points, and would urge upon the medical colleges to continue their efforts to elevate the standard of medical education, by adopting such changes in their courses of instruction as shall satisfy the just and reasonable desires of the profession.

Resolved, That the thanks of the American Medical Association are due to the Faculties of the *University of Pennsylvania*, and of the *College of Physicians and Surgeons of New York*, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association for the improvement of Medical Education.

[Upon these resolutions an animated debate ensued, occupying the chief part of two sessions, which was participated in by Drs. Parrish, Morris, and Stillé, of Philadelphia; Yandell and Blackburn, of Louisville, Ky.; Blatchford and Watson, of New York; Davis, of Chicago; Storer, of Boston, and Professor Gilman, of the College of Physicians and Surgeons of New York, and several other speakers, in favor of the resolutions; and by Professors Annan and Miller, of the Louisville Medical School; Mitchell of the Jefferson College of Philadelphia, and several other gentlemen, in opposition.

In the course of the discussion, among several amendments introduced, was the substitute proposed by Dr. I. M. Lawson, of Cincinnati, Professor in the Medical College of Ohio.—(*Vide Minutes.*)

Much time having been spent on these several propositions, without coming to a direct vote, it was finally agreed to refer them to the Committee on Medical Education for next year. Subsequently a resolution offered by Dr. Morris as a substitute for the whole, was passed in committee, and, when reported to the Association, adopted. This resolution simply affirms anew the recommendations which had been made at previous meetings of the Association.

During this interesting debate it was evident that the feeling pervading the assembly was one of decided determination, to exert the power of the Association for the reformation of existing defects and abuses in Medical Colleges; while the facts developed in the remarks of the different speakers, tended to confirm the views of those who feel the necessity for such interference. It was forcibly argued, that although the American Medical Association could exercise no legal control over Medical Colleges, and could not prevent them from granting the degree, even to unworthy candidates, yet that it possessed within itself a moral force, amply sufficient to enforce its recommendations. The representatives of the medical profession uniting together from every section of the Union, must exert a powerful influence upon all questions affecting their common interests. The decisions of such a body will have the force of law, and however they may be opposed by private interests, or local prejudices, they will ultimately prevail.

We believe that the meeting at Cincinnati confirmed this sentiment, and

although no new action was taken on the question of medical education, owing perhaps to the variety of topics with which it became complicated; yet the general feeling of those present was favorable to a progressive movement, on the part of the great body of the physicians of the U. S., tending to elevate and improve the means of instruction in medical science, and to discountenance all superficial and unworthy methods of admitting young men into the profession.]

Dr. ROBERTS of Md., also a member of the committee, had never seen the report until the preceding evening, and did not entirely approve of it.

Dr. STILLÉ wished to correct a statement made in the Report, "That none of the Colleges of Pharmacy in the Atlantic cities seem to be in active operation." Dr. STILLÉ called attention to the fact that the Colleges of Pharmacy of New York and Philadelphia were in active operation, and had shown their activity, amongst other ways, by taking an efficient part in procuring the passage of the law to prevent the importation of spurious and adulterated drugs. Dr. ISAAC WOOD, of N. Y., also desired to say that the College of Pharmacy of New York was in active and efficient operation.

Dr. PARRISH, of Pa., expressed himself at length in opposition to the doctrine of the Report, but moved that it should take the usual course, and be referred to the Committee on Publication.

Dr. ANNAN, of Ky., moved to amend by referring the Report and the Resolutions of Dr. BLATCHFORD to a Select Committee, of which Dr. PARRISH should be Chairman.

After much discussion, Dr. STILLÉ offered the following as an amendment, which was adopted:

Resolved, That the Report of the Chairman of the Committee on Medical Education be re-committed for correction as to matters of fact, and then handed to the Committee of Publication.

Resolved, That the resolutions of Dr. BLATCHFORD be made the special order for the meeting of this afternoon.

On motion of Dr. KNIGHT, of Ct., it was

Resolved, That the Committee appointed to nominate the Officers of the Association be continued, and that they be directed to nominate the several Standing Committees of the Association for the ensuing year, and also to designate the place of the next meeting of the Association.

Dr. REYBURN, of Mo., on behalf of the Medical Society of the State of Missouri, tendered an invitation from said Society to the National Medical Association to meet in St. Louis after the next annual meeting.

The Chairman of the Committee of Arrangements informed the Association that they were unable to obtain the permanent use of the only other Hall suitable for its meetings. On motion of Dr. ROBERTS, of Md., the Association continued to meet in the present Hall.

Adjourned to 3½ P. M.

Afternoon Session.

Dr. JOHNSON, Vice President, in the Chair

The discussion of Dr. BLATCHFORD's resolutions was resumed, and Dr. MILLER, of Ky., moved to amend the first by inserting after the word "efforts,"—"and the lay members of the profession who take office students to begin their efforts," which was accepted by Dr. BLATCHFORD.

Before coming to a vote, the Association adjourned to 9 A. M., of Thursday.

May 9th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

The Chairman of the Committee of Arrangements offered the following:

Resolved, That no member shall speak at one time longer than fifteen minutes, nor on any motion more than twice, without permission of the Association, which was adopted, after having been amended by changing the word "fifteen" to "ten."

The Secretary read a letter from the Dean of Cleveland Medical College, regretting the inability of their delegates to attend the meeting of the Association.

Letters of invitation were received from the Steward of the *Commercial Hospital of Ohio*, and Prof. C. M. MITCHELL, of the Observatory, to the members of the Association, to visit their respective institutions. On motion of Dr. EVE, of Ga., it was *Resolved*, That 2½ o'clock, P. M., be the hour at which the Association will attend at the Observatory; and on motion of Dr. MCPHETERS, That in order to give the members time to visit the Observatory, when the Association adjourns, it does not meet until 4 P. M.

The PRESIDENT announced the resolutions of Dr. BLATCHFORD, amended by Dr. MILLER, of Ky., as the first business in order.

Dr. EVE, of Ga., moved that the resolutions be indefinitely postponed, which was not adopted.

After much discussion, the previous question was moved by Dr. EDWARDS, and carried.

A motion for a reconsideration having been made, was carried, and the resolutions being again open for discussion, it was moved by Dr. J. R. WOOD, of N. Y., that the Association go into Committee of the Whole, with Dr. KNIGHT, of Ct., in the Chair. This resolution being adopted, Dr. KNIGHT took the chair.

When the Committee rose to report, on motion of Dr. LOPEZ, the rules were suspended, in order to enable him to make an explanation and read a protest on behalf of the delegates of the State of Alabama, against certain statements made in the Report of the Committee on Education in 1849, and published in the volume of Transactions of that year; the protest concluding with the following resolution:

Whereas, The 3d section of the Report on Medical Education, entitled "Legal requirements exacted of medical practitioners in the several States of the Union," being discordant with the laws of the State of Alabama, now existing and in force from 1823, unrepealed; and now especially at variance with a strict sense of justice and respect to the medical faculty of that State in their professional relations and public standing,

Resolved, That the foregoing protest be entered upon the minutes of this present Convention, and entered on its published proceedings.

On motion of Dr. COX, the protest was accepted, and referred to the Committee of Publication.

Dr. LOPEZ, 2d Vice President, then took the Chair, and the Chairman of the Committee of the Whole reported that they had had under consideration the preamble and resolutions of Dr. BLATCHFORD, and certain other resolutions herewith submitted, proposed by Drs. LAWSON and DRAKE, of Ohio, THORALD, of Md. and GROSS, of Ky., which were recommended by resolution of Dr. FLINT, of N. Y., to be referred to the Standing Committee for 1851; and that they afterwards adopted the accompanying resolution of Dr. MORRIS, of Pa., offered as a substitute for the above.

On motion, the report of the committee was adopted.

Amendment offered by Dr. LAWSON, of Ohio:

Resolved, That this Association earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into offices as students, that they are of good moral character, and that they have acquired a good English education.

Resolved, That all medical colleges be advised to require of their students to exhibit evidence of a good English education prior to graduation.

Resolved, That medical colleges be advised to extend their lecture term to at least five months.

Resolved, That medical colleges be most earnestly requested to elevate the standard for graduation, and that no candidate be permitted to receive a degree who does not evince a thorough knowledge of the elements of medical science.

Resolved, That the schools which fail to comply with these resolutions, be refused a representative in this Association.

Amendment offered by Dr. DRAKE.

Resolved, That the medical schools of the United States should require pupils to remain till the end of the session, whatever may be its length, except when permission may be given to depart.

Amendment offered by Dr. THEOBALD, of Maryland :

Resolved, That those medical schools in the United States which have laws requiring a student to be 21 years of age, and to study medicine three years, before he is eligible to the degree of M. D., be requested to enforce said laws ; and that those which have no such laws, enact them.

Amendment offered by Dr. GROSS, of Kentucky :

Resolved, That the resolution be so far amended as to strike out the words, "*of the University of Pennsylvania, and the College of Physicians and Surgeons of New York.*"

Resolution offered by Dr. MORRIS, of Pa., as a substitute, passed in Committee of the Whole, reported to the Association and adopted by it :

Resolved, That the recommendation of this Association at its former meetings in regard to medical education, be affirmed, and that private preceptors be still urged to receive into their offices only those duly qualified by previous education to engage in the study of medicine.

On motion of Dr. FLINT, the Report of the Committee on Practical Medicine was made the special order of business for the afternoon session.

Adjourned to meet at 4 P. M.

Afternoon Session.

Dr. LOPEZ, Vice President in the Chair.

The Association met at 4 P. M.

On motion of Dr. STILLE, the Report of the Standing Committee on Surgery was made the order of the day for Friday, at 9 A. M., and certain resolutions proposed by Dr. CALDWELL, the next succeeding business.

Dr. DRAKE announced that a case of samples of Tilden & Co.'s inspissated extracts had been presented to the Association, and that they were ready to be distributed amongst the members.

Dr. MORRIS, of Philadelphia, asked leave to correct an important clerical error in the resolution offered by him at the morning session in Committee of the Whole, and subsequently adopted by the Association, and that where the word *preliminary* occurs therein, the word *medical* be substituted for it. Leave was granted.

Dr. FLINT, of N. Y., offered the following resolution, which was lost.

Resolved, That a popular address, on some medical subject, shall be annually delivered during the session of this Association, before the citizens of the place in which it shall meet, and that the Nominating Committee shall nominate some member of the Association for this purpose, with an alternate in case of his failure.

Dr. WATSON, of New York, presented the following resolution, which was adopted.

Resolved, That Dr. FENNER's projected annual publication on the Diseases and Statistics of the Southern portion of the United States, meets with the

cordial approbation of the American Medical Association, and is worthy of the active support and co-operation of the profession.

Dr. J. K. MITCHELL, of Philada., presented and read the report of the Standing Committee on Practical Medicine, which was on motion received and referred to the Committee on Publication.

The following list of nominations was presented by the Nominating Committee:

Medical Sciences.

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| Dr. BENNET DOWLER, of New Orleans, Chairman. | |
| Dr. Fenner, N. O. | Dr. F. G. Smith, Philada. |
| " Upshur, Petersburg, Va. | " Carr, Canandaigua, N. Y. |
| " Johnson, Marion, Ala. | " Meers, Indianapolis, Ind. |

Practical Medicine.

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| Dr. AUSTIN FLINT, Buffalo, N. Y., Chairman. | |
| Dr. Conger, Buffalo, N. Y. | Dr. G. L. Corbin, York Co., Va. |
| " R. H. Davis, Baltimore, Md. | " J. McNaughton, Albany, N. Y. |
| " W. A. Norwood, Hillsboro', N. C. | " R. Haymond, Brookville, Ind. |

Surgery.

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| Dr. PAUL F. EVE, Augusta, Ga., Chairman. | |
| Dr. J. N. Simmons, Ga. | Dr. S. D. Gross, Louisville, Ky. |
| " John Watson, N. Y. | " C. A. Pope, St. Louis, Mo. |
| " H. H. McGuire, Va. | " A. B. Palmer, Tecumseh, Mich. |

Obstetrics.

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| Dr. D. H. STORER, Boston, Chairman. | |
| Dr. Reynolds, Boston. | Dr. S. Thompson, Albion, Ill. |
| " H. Miller, Louisville, Ky. | " Parker, Kenoska, Wisconsin. |
| " T. M. K. Smith, Delaware. | " A. J. Mullen, Napoleon, Ind. |

Medical Education.

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| Dr. WORTHINGTON HOOKER, Norwich, Ct., Chairman. | |
| Dr. T. W. Blatchford, Troy, N. Y. | Dr. J. R. Wood, N. Y. |
| " J. B. S. Jackson, Boston. | " N. S. Davis, Chicago, Ill. |
| " E. W. Theobald, Baltimore. | " C. J. Blackburn, Covington, Ky. |

Medical Literature.

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| Dr. THOMAS REYBURN, St. Louis, Chairman. | |
| Dr. W. M. McPheeters, St. Louis. | Dr. Jas. Couper, Newcastle, Del. |
| " L. M. Lawson, Cincinnati. | " G. Tyler, Washington, D. C. |
| " S. Annan, Lexington, Ky. | " N. L. Thomas, Clarksville, Tenn. |

Committee on Publication.

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| Dr. ISAAC HAYS, Philada., Chairman. | |
| Dr. Alfred Stillé, Philada. | Dr. J. R. W. Dunbar, Baltimore. |
| " D. F. Condie, " | " Isaac Parrish, Philada. |
| " H. W. De Saussure, Charleston. | " N. Sanborn, Henniker, N. H. |

Committee of Arrangements.

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| Dr. H. R. FROST, Charleston, Chairman. | |
| Dr. P. C. Gaillard, Charleston. | Dr. J. P. Jervey, Charleston. |
| " H. W. De Saussure, " | " R. Lebbey, " |
| " W. T. Wragg, " | " D. J. Cain, " |

The Committee also recommended that the next meeting of the Association be held at *Charleston, S. C.*

It was moved by Dr. BOWDITCH, that the whole report of the committee on nominations be received and adopted.

Dr. LAWSON moved that the report lie on the table, but this motion was negatived, and the original motion decided in the affirmative.

Dr. EVANS, of Chicago, presented a brief report from Dr. PRIOLEAU, Chairman of the Committee on Obstetrics, which was read and referred to the Committee on Publication, to be published or not, at their discretion.

Dr. EVANS also presented a paper relating to a new instrument invented by him, called the *Obstetrical Extractor*, and which he exhibited to the Asso-

ciation, describing upon the manikin, the mode of manipulating it. The paper was referred to the same committee, and with like conditions as the last.

Dr. DRAKE, as Chairman of the Committee of Arrangements, introduced a paper by Dr. N. S. DAVIS, upon the question, "Has the cerebellum any special connection with the sexual propensity or function of generation?" It was read by its author, and referred to the Committee on Publication.

Adjourned till Friday at 9 A. M.

May 10th.—Morning Session.

Dr. JOHNSON, Vice President, in the Chair.

The minutes of the previous meeting were read and approved.

Dr. PARSONS, of R. I., Chairman of the Committee on Medical Sciences, presented the report of the committee, which was received and referred to the Committee on Publication without being read.

The Chair announced the Report of the Committee on Surgery as the special order of business.

Dr. BRECKENRIDGE, of Ohio, moved a suspension of the rules, which was lost.

Dr. BLATCHFORD, of N. Y., asked a suspension of the rules, to enable him to present a resolution, which was refused.

Dr. MUSSEY, Chairman of the Committee on Surgery, stated that he had been requested by Dr. HUSTON, Chairman of the Committee on Spurious and Adulterated Drugs, to be permitted to read that report first, as he was about to leave the city. On motion of Dr. SMITH, of N. J., the rules were suspended in order to allow the Report of the Committee on Spurious and Adulterated Drugs to be read first, to be immediately followed by the Report of the Committee on Surgery.

Dr. HUSTON read his report, concluding with the following resolutions:

Resolved, That the various State and local Medical Societies be requested annually to appoint Boards of Examiners, whose duty it shall be to procure specimens of drugs from the stores within their limits for examination, and report upon the same to their respective Societies at least once a year.

Resolved, That the respectable druggists and apothecaries throughout the United States be requested to take active measures for suppressing the fabrication and sale of inferior and adulterated drugs; and that it is respectfully suggested to them, wherever practicable, to form themselves into Societies or Colleges, for the promotion of pharmaceutical knowledge, and general improvement in their profession.

Resolved, That a committee be appointed, consisting of one member from each State here represented, whose duty it shall be to collect information with regard to spurious and adulterated drugs, and report the same at the next meeting of the Association.

On motion of Dr. STILLE, the report was received, and referred to the Committee on Publication, and the resolutions were adopted.

Dr. MUSSEY, Chairman of the Committee on Surgery, presented and read the Report of the Committee, which, on motion, was received, and referred to the Committee on Publication.

Dr. C. C. CALDWELL, of Ky., presented the following resolutions:

Resolved, That a committee of — be appointed, to take into consideration, and report at the next meeting of the Association, how far the sciences of Phrenology and Mesmerism (or Animal Magnetism) are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That a committee of — be appointed, to take into consideration the subject of Vital Organic Chemistry, and report at the next meeting of the Association, whether a branch of science justly entitled to that name

exists, and if so, how far a knowledge of it can be rendered available to the welfare of man.

Dr. STILLÉ, of Pa., offered the following resolutions as a substitute for the above. DR. CALDWELL accepted the substitution, and they were adopted.

Resolved, That Dr. CALDWELL be requested to prepare a report, to be presented at the next meeting, showing how far, in his judgment, the sciences of Phrenology and Mesmerism are founded in truth, and to what extent a knowledge of them may be rendered subservient to the treatment and cure of diseases.

Resolved, That Dr. CALDWELL be requested to take into consideration the subject of Vital Organic Chemistry, and report to the next meeting whether, in his judgment, it can be justly called a branch of science, and if so, how far a knowledge of it can be rendered available to the welfare of man.

The Committee on Nominations reported the following names as composing the Committees:

Committee on Indigenous Medical Botany and Materia Medica.

Dr. A. CLAPP, New Albany, Indiana, Chairman.

Dr. J. M. Bigelow, Lancaster, Ohio,	Dr. J. Carson, Philadelphia,
" G. Engelman, Mo.	" N. B. Ives, New Haven, Conn.
" H. R. Frost, S. C.	" U. Parsons, Providence, R. I.

Committee on Hygiene.

Dr. JAS. MOULTRIE, Charleston, South Carolina, Chairman.

Dr. P. C. Gaillard, S. C.	Dr. L. H. Anderson, Sumpterville, Ala.
" H. W. De Saussure, S. C.	" G. Emerson, Philadelphia.
" D. Drake, Cincinnati, Ohio,	" J. Parrish, Burlington, N. J.

On motion the Report was accepted, and the nominations confirmed.

On motion, the Report of the Committee on *Medical Literature* was made the special order for the Afternoon Session.

On motion of Dr. YARDLEY, it was

Resolved, That the Committee on Hygiene be requested to report the best plan of warming and ventilating public and private buildings.

Dr. BLATCHFORD, of N. Y., offered the following:

Resolved, That a Special Committee on Pharmacy and the Adulteration of Drugs shall be appointed by the President, consisting of seven members, of whom Dr. T. O. EDWARDS, of Ohio, shall be Chairman, to report at our next annual meeting; and that the Special Committee on Forensic Medicine, appointed last year under Dr. STEVENS' resolution, be reappointed, and that it be optional with Dr. STEVENS to continue as Chairman, or to appoint a successor, which was adopted.

On motion of Dr. MORRIS, of Pa., it was

Resolved, That it is with great satisfaction the members of this Association have observed the establishment of drug stores in which neither patent medicines, nostrums, nor other articles by which the artful and designing impose on the ignorant and credulous are exposed for sale; and that the Association recommends to its members to exert their influence in their respective spheres of action to encourage similar efforts in other places.

Dr. PHELPS, of N. Y., offered the following resolution, which was adopted.

Whereas, The clerical profession often, though perhaps sometimes unwarily, yield their extensive influence in the community in giving currency to quackery and quack medicines, therefore

Resolved, That this subject be referred to the Committee on Hygiene, to consider and report at the next annual meeting of the Association.

DR. W. HOOKER, of Ct., offered the following resolutions :

Resolved, That the rule in relation to nostrums and secret medicines, contained in our code of medical ethics, ought to be strictly observed by the medical profession under all circumstances.

Resolved, That when a physician claiming to be the inventor of a new medicine, and using the measures of the common quack in effecting its sale, manages to escape censure and punishment, and to obtain even the countenance of a portion of the profession, by revealing the composition of his medicine to such of his medical brethren as may desire it, he is guilty of a dishonorable evasion of the rule referred to, and should be so considered and treated by the whole profession.

DR. LAWSON, of Ohio, moved to amend by the addition of the following :—

Resolved, That this Association regards it as contrary to its system of ethics for medical journals to advertise nostrums, or secret remedies, although their composition may have been made known to the editor.

The resolutions and amendment were then adopted.

Adjourned to 3½ o'clock, P. M.

May 10th, Afternoon Session.

DR. JOHNSON, Vice President, in the Chair.

DR. MILLER, of Kentucky, moved a suspension of the rules, and offered the following preamble and resolution, which were adopted.

Whereas, Clinical instruction in medicine and surgery is now generally acknowledged to be essential to the proper qualification of students for the practice of these branches of our profession, and, *whereas*, it must be admitted that clinical instruction in midwifery would be equally valuable, therefore,

Resolved, That the Committee on Medical Education be instructed to inquire whether any practical scheme can be devised to render instruction in midwifery more practical than it has hitherto been in the medical schools of the United States, and report at the next meeting of this Association.

The secretary presented several reports, &c., which, on motion, were made the special order immediately after the report on Medical Literature.

DR. STILLÉ, Chairman, presented and read the report of the Committee on Medical Literature, concluding with the following resolutions :

Resolved, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

Resolved, That in the opinion of this Association it is equally the duty and the interest of the profession to sustain its periodical literature, both by literary contributions and subscription.

Resolved, That since literary excellence is best developed by literary studies, the formation of medical reading clubs, after the plan set forth in the report, is urged especially upon physicians in places where the periodical and other medical publications of the day are not readily accessible upon other terms.

Resolved, That the standing committee on Medical Literature be instructed to report to the Association at its next meeting, what medical work published during the year of their service, in their judgment is the most valuable, and, with the consent of the Association, such work shall be formally proclaimed by the President.

Resolved, That the State and local societies are hereby recommended to offer pecuniary reward, or other distinction, for the best memoir founded upon original observation.

Resolved, That medical colleges are hereby recommended to distinguish the best inaugural thesis by a public announcement of its subject and the name of its author, and in such other manner as they may deem appropriate

Resolved, That the sum of *one hundred dollars* raised by voluntary contribution, be offered by this Association for the best *experimental* essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851; the authors names to be concealed from the committee: and the name of the successful competitor alone to be announced after the publication of the decision.

On motion the report was accepted, and referred to the committee of publication, and the resolutions were adopted.

The Report and memorial of the committee on an international copyright law, ordered to be prepared at the last meeting of the Association, was read and accepted, and the memorial ordered to be signed by the officers and transmitted to Congress.

The Report of the special committee, appointed to consider the measures suggested in the Report on Medical Literature, for 1849, was submitted: the following resolution appended to the report was read and adopted.

Resolved, That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a national medical literature, is to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to encourage the establishment of district medical libraries, and to induce every practitioner to cultivate, with care, the fields of observation and research that are within his reach.

On motion the report was accepted and referred to the committee on publication.

Dr. Gross, of Ky., offered the following preamble and resolutions which were adopted.

Whereas, The interests and dignity of the medical profession of the United States, as well as a true spirit of patriotism and a love of independence demand that we should use all proper and honorable means for the establishment of a national medical literature, and, whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own, Therefore

Resolved, That this Association earnestly and respectfully recommends to the medical profession generally, and to the various medical schools in particular, the employment of native works as text books for their pupils, instead of the productions of foreign writers.

Resolved, That the editing of English works by American physicians, has a tendency to repress native literary and scientific authorship, and ought therefore to be discouraged by all who have at heart the objects contemplated in this preamble.

Resolved, That this Association will always hail with satisfaction the reprint, in their original and un mutilated form, of any meritorious works that may emanate from the British press.

On motion of Dr. ROBERTS, of Md., it was

Resolved, That a committee of three be appointed by the chair for the purpose of preparing for the action of the Association at its next convention, all unfinished business found upon its records.

Dr. ROBERTS, also offered the following, which was adopted.

Resolved, That all proposed alterations of the constitution be, and they hereby are, laid on the table for the present.

Dr. DRAKE, of Ohio, offered the following as an amendment to the constitution.

Resolved, That the second section of the Regulations of the Association be so amended, as to require that candidates for membership, by invitation, be nominated in writing by five members: that when elected they shall enjoy

all the rights of delegates, and that all permanent members shall be entitled to vote. The resolution involving an amendment to the constitution lies on the table till the next meeting.

Dr. McGUIRE, of Va., offered the following Preamble and Resolutions, which were unanimously adopted.

Whereas, in every properly organized community governed by military laws, every member of it should possess a recognized position; as no military organization can be efficient and complete without including a corps of competent surgeons; as the value of their services depends in a great measure upon the degree of respect accorded to them, the common interests of our country and of our profession demand that the legal position of medical men in the army and navy should be such as will secure them due consideration by their military associates, independently of a contingent courtesy; and as efforts are now being made to deprive medical officers in the navy of the relative position or assimilated rank conferred by a general order of the navy department, it concerns the honor of the whole profession to assist its members in the navy to obtain and secure an assimilated rank by law. Therefore,

Resolved, That the American Medical Association is gratified by the legislation of Congress which has conferred military rank on medical officers of the army, as it places them on an equality with officers of the several staff departments, and thus gives them a position to which the importance and dignity of the profession they represent entitles them; and it is earnestly desired that Congress, in its present session, will extend the same privileges and immunities to medical officers in the navy.

Resolved, That the members of the American Medical Association will exert their influence to sustain the just pretensions of their brethren to an assimilated rank in the military organizations of the country; and they would view with feelings of deep mortification a proposition from any source to deprive the medical officers of the army of any of the privileges or powers secured to them by the act of Congress approved 11th February, 1847, a law which confers upon them a protective or conservative rank, and enables them to discharge their duties more effectually.

Resolved, That the members of the American Medical Association hear with regret that several naval commanders have disregarded the general orders of the navy department, which place medical officers on an equality of rights and privileges, (except military command) with other officers in the navy; and they consider such resistance of the authority of the Secretary of the Navy an assumption which cannot be sanctioned by enlightened men of the present age, and should at once be put down by public opinion and by the authority of the government.

Resolved, That a definite position or assimilated rank, not inferior to that possessed by the medical staff of the army, should be assigned by law to medical officers in the navy, and therefore that the attention of the Senate and House of Representatives of the United States be, and is hereby invited to the subject.

Resolved, That copies of these resolutions be transmitted to the Secretaries of War and of the Navy, through the chiefs of the medical department of each service and the presiding officer of the Senate and House of Representatives of the United States.

On motion of Dr. BOWDITCH, it was

Resolved, That the Committee on Medical Education, be requested to report, at the next annual meeting of this Association, whether in their opinion any plan can be devised whereby medical students may receive a more thorough education in practical chemistry, than they receive at present at any of the medical colleges in the Union.

The Secretary presented the report of the Committee on Indigenous Medical

Botany; a report on the vital statistics of New Orleans, by Dr. Symonds; Biographical notices of deceased physicians, by Dr. Williams, all of which were referred to the Committee on Publication; and a catalogue of Indigenous Medical Botany which was referred to the Committee on Botany. Dr. FLINT of N. Y., submitted the following resolution which was adopted.

Resolved, That the manuscript works of the late lamented Dr. FORRY be referred to the Committee on Publication, to be published in connection with the Transactions of the Association provided it be deemed advisable by the committee, and consistent with the pecuniary resources of the Association.

Dr. W. L. SUTTON, of Ky., nominated by Dr. DRAKE a permanent member, was unanimously received.

On motion of Dr. GROSS, of Ky., it was,

Resolved, That a committee be appointed to report at the next annual meeting of this Association on the propriety of recommending to the American people the importance of establishing Schools of *Veterinary Medicine and Surgery*, in which the diseases of the horse, ox, dog, and other domestic animals may be investigated, and thorough, and sufficient courses of instruction delivered to such young men as may wish to qualify themselves for the practice of the Veterinary Profession.

Dr. M. L. KREIDER, of Ohio, presented a protest and resolution against the vending of spurious and adulterated drugs, from the *Fairfield County Medical Institute*, which was read by the Secretary and referred to the Special Committee of which Dr. EDWARDS is Chairman.

The following resolution, submitted by Dr. MEAD, of Illinois, was referred to the Committee on Medical Education.

Resolved, That the Committee on Medical Education be instructed to enquire into the expediency of recommending to the Colleges to abolish the rule which allows four years' practice to be received as an equivalent for attendance on one course of lectures, and to require all candidates for graduation to attend two full courses; also, the expediency of adopting a uniform rate of lecture fees, varying in amount only between the Colleges of the North and those of the South.

On motion of Dr. STILLÉ, the President was requested to appoint the several committees called for by the resolutions adopted during the session, and not otherwise provided for.

Committee on Pharmacy and Adulteration of Drugs, under Dr. BLATCHFORD's Resolution.

Dr. T. O. EDWARDS, Cincinnati, Chairman.

Dr. T. W. Blatchford, Troy, N. Y. Dr. E. W. Theobald, Baltimore, Md.

" R. M. Huston, Philadelphia, " H. R. Frost, Charleston, S. C.

" H. J. Bowditch, Boston, Mass. " J. B. Johnson, St. Louis.

Committee on Prize Essays, under Dr. STILLÉ's Resolution.

Dr. F. G. SMITH, Philadelphia, Chairman.

Dr. A. Stillé, Philada.

Dr. F. Bache, Philada.

" R. Bridges, "

" L. P. Yandell, Louisville,

" W. L. Atlee, "

" Jas. Moultrie, S. C.

Dr. JENNINGS, of Mass., offered the following resolution, which was adopted:

Resolved, That the thanks of this Association be tendered to the Messrs. Tilden, of New Lebanon, N. Y., for samples of their medicinal extracts, which they have presented to this Association.

Dr. MORRIS, of Pa., presented the following resolutions, which were seconded by Dr. YANDELL, of Ky., and unanimously adopted:

Resolved, That the thanks of this Association be tendered to the Committee of Arrangements for the careful and judicious manner in which they have

provided for its accommodations, and their constant, assiduous attention to promote the convenience of its members.

Resolved, That we appreciate highly the hospitality and courtesy with which we have been received by the Medical Profession of Cincinnati, and assure them of the heartfelt gratitude with which we shall reflect upon the kindness they have manifested in our reception and entertainment.

Resolved, That the thanks of this Association be presented to the Board of Trustees of the Cincinnati Medical College, for the kindness with which they have placed their Hall at the service of this body.

On motion, the Association adjourned *sine die*.

[We have occupied a large portion of the pages of the Examiner with our account of the proceedings of the AMERICAN MEDICAL ASSOCIATION at its last meeting. This has been done at the expense of the "Record;" but the great interest manifested to know what was accomplished, will, we trust, prove sufficient apology.]

The analyses of the reports on Practical Medicine, Adulterated Drugs, Surgery, and Medical Literature, have been necessarily postponed for want of room. We hope to present them in our next. To the Secretary, Dr. Stillé, our thanks are due much for valuable assistance in preparing this report. To the profession in Cincinnati the members of the Association are under the deepest obligations for the constant and unwearying efforts displayed in the promotion of their comfort and happiness. We are sure they can never be forgotten.—ED. EXAM.]

NATIONAL MEDICAL CONVENTION,

For Revising the Pharmacopœia of the United States.

The fourth decennial convention for revising the Pharmacopœia of the United States, met at Washington on Monday, the 6th inst. The following delegates were present in the Convention :

From the Rhode Island Medical Society, Dr. JOSEPH MAURAN.

From the Geneva Medical College, Dr. JAMES BRYAN.

From the College of Pharmacy of the City of New York, Messrs. JOHN MILHAU and GEORGE D. COGGESHALL.

From the Medical Society of New Jersey, Drs. LEWIS CONDUCT and WM. A. NEWELL.

From the College of Physicians of Philadelphia, Drs. JOSEPH CARSON, HENRY BOND, and FRANCIS WEST.

From the University of Pennsylvania, Drs. GEORGE B. WOOD, and JAMES B. ROGERS.

From the Jefferson Medical College of Philadelphia, Dr. FRANKLIN BACHE.

From the Medical Faculty of the Pennsylvania College, Dr. H. S. PATTERSON.

From the Medico-Chirurgical College of Philadelphia, Dr. CLINTON G. STEES.

From the Philadelphia College of Pharmacy, Messrs. D. B. SMITH, CHAS. ELLIS, and WM. PROCTER, Jr.

From the Medical Society of Delaware, Drs. ISAAC JUMP and J. W. THOMSON.

From the Medical and Chirurgical Faculty of Maryland, Drs. DAVID STEWARD and JOSHUA I. COHEN.

From the Medical Society of the District of Columbia, Drs. J. C. HALL and HARVEY LINDSLY.

From the National Medical College of the District of Columbia, Drs. JOSHUA RILEY, THOMAS MILLER, and EDWARD FOREMAN.

From the Medical Department of the National Institute, D. C., Drs. JAS. WYNN and S. D. GALE.

From the Georgetown Medical College, Dr. F. HOWARD.

And from the Rush Medical College, Illinois, Dr. G. N. FITCH.

The credentials of delegates from the New Hampshire Medical Institution, the University of Buffalo, the Medical Department of Hampden Sidney College, the Medical Society of South Carolina, the Medical College of Ohio, the Cincinnati College of Pharmacy, the Missouri Medical Society, and the Medical Faculty of the University of Iowa, were presented by the Vice President of the Convention of 1840; but these delegates did not make their appearance during the session of the convention.

A temporary organization was effected by calling Dr. LEWIS CONDUCT, President of the Convention of 1840, to the chair, and appointing Dr. HARVEY LINDSLY, Secretary. A committee of five was then appointed, consisting of Dr. Bache, Dr. Maurant, Dr. Thomson, Dr. Miller, and Mr. Coggeshall, to nominate the permanent officers of the convention, with instructions to name two Vice Presidents, instead of one, as had been the custom on former occasions. This committee retired, and, after a short consultation, reported the names of the following delegates, viz:

For President, Dr. GEORGE B. WOOD, of Pennsylvania.

For Vice Presidents, Dr. JOSEPH MAURANT, of Rhode Island, and Dr. D. Y. SIMONS, of South Carolina.

For Secretary, Dr. HARVEY LINDSLY, of the District of Columbia; and for Assistant Secretary, Dr. EDWARD FOREMAN, of the same place.

The nominations were confirmed by the convention, and the President took the chair.

[On motion, it was *Resolved*, that the Surgeon General of the Army, and the Chief of the Naval Bureau of Medicine and Surgery be invited to take seats in the Convention, with all the privileges of members.

On motion, it was *Resolved*, that such members of the two Houses of Congress as might be medical graduates, be invited to attend the meetings of the Convention, and to participate in its deliberations.]

In conformity with the directions of the preceding convention, the Committee of Revision and Publication appointed by that body, presented a report of their proceedings, which was accepted.

[From this Report, it appeared that the proceeds of sale of the copy-right of the last Pharmacopœia had been expended in the purchase of a number of copies of the work, for presentation to the different bodies which had been represented in the Convention, and that they had been distributed accordingly.]

The delegates of the several medical bodies represented in the Convention were then called on for contributions towards the revision of the Pharmacopœia; when reports were handed in from the delegates of the Rhode Island Medical Society, from the College of Pharmacy of the City of New York, from the College of Physicians of Philadelphia, from the Philadelphia College of Pharmacy, and from the Medical and Chirurgical Faculty of Maryland. These reports were referred to a committee, consisting of Dr. Bond, Dr. Maurant, Dr. Cohen, Dr. Miller and Mr. Milhau, with directions to report a plan for the revision and publication of the Pharmacopœia; after which the convention adjourned to the following day.

At the next meeting, on Tuesday morning, a committee was appointed to examine the accounts and vouchers presented by the Committee of Revision and Publication of the preceding convention, and reported that they had found them correct.

Dr. Bond, from the committee to which had been referred the reports from various medical bodies represented in the convention, reported the following resolutions:

1. That a Committee of Revision and Publication, consisting of nine members, be appointed, to which shall be referred all communications offered to the convention in relation to the revision of the Pharmacopœia, and that three of this committee shall form a quorum.

2. That the committee shall meet in the city of Philadelphia, and be convened as soon as practicable by the chairman.

3. That said committee shall be authorized to publish the work after its revision, and to take all other measures which may be necessary to carry out the views and intentions of the convention.

4. That the committee shall have power to fill its own vacancies.

5. That, after the completion of its labors, the committee shall submit a report of its proceedings to the Secretary of this convention, to be laid before the next convention.

These resolutions were adopted, and the following delegates appointed on the committee, viz: Dr. Franklin Bache, Dr. Joseph Carson and Mr. William Procter, Jr. of Philadelphia; Dr. Joseph Mauran, of Providence, Rhode Island; Mr. John Milhau, of the City of New York; Dr. J. W. Thompson, of Wilmington, Delaware; Dr. David Stewart, of Baltimore; Dr. Joshua Riley, of the District of Columbia; and Dr. G. N. Fitch, of Logansport, Indiana.

It was resolved that the President of the convention be added to the above committee, and serve as its chairman.

[A communication from New York was received, recommending the restoration of the *Latin* page to the Pharmacopœia, as it stood previously to the revision in 1840. After a full and spirited discussion of the point of expediency in regard to publishing the formulae, processes, &c., in Latin, the recommendation was unanimously *negatived*.]

In reference to the manner of calling and the mode of constituting the next decennial convention, to meet in the year 1860, it was

Resolved, That the regulations in reference to the present convention, adopted by that of the year 1840, and published in the last edition of the Pharmacopœia, should be adopted, with the necessary modifications in relation to the dates; the day of meeting being changed from the first Monday to the first Wednesday in May.

A letter was read inviting the members of the convention to a dinner, to be given at the National Hotel, by the medical gentlemen of Washington and Georgetown. The invitation was accepted, and the thanks of the convention voted to the gentlemen referred to for their hospitality.

The thanks of the convention were also unanimously voted to Dr. Lewis Condict, President of the last convention, for valuable services; and to the Board of Aldermen, of the city of Washington, for their courtesy in offering their hall for the sittings of the convention.

The convention then adjourned.

After its adjournment, Dr. William B. Chapman, one of the delegates from the Cincinnati College of Pharmacy, arriving in Washington, stated to the Secretary his concurrence in the proceedings of the convention.

HARVEY LINDSLEY, M. D., *Secretary of the Convention*.

The portions of the above report, enclosed in brackets, have been added by a friend, who was a member of the Convention. The remainder was reported for the National Intelligencer, Washington.—[ED. MED. EX.]

UNIVERSITY OF PENNSYLVANIA.

Dr. G. B. Wood has been transferred from the chair of *Materia Medica* in this Institution, to that of the *Theory and Practice of Medicine*, vacated by the resignation of Dr. Chapman.

UNIVERSITY OF PENNSYLVANIA.

At a Public Commencement held April 6th, 1850, in the Musical Fund Hall, Locust St., the degree of Doctor of Medicine was conferred by the REV. JOHN LUDLOW, D. D., Provost, upon the following gentlemen; after which an Address was delivered by HUGH L. HODGE, M. D., Professor, &c.

Name.	Residence.	Residence.	Essay.
Adams, James C.	N. M. Town,	Bourbon,	Ky., Phthisis Pulmonalis
Alder, L. L.	Muncy,	Lycoming,	Pa., Cynanche Trachealis.
Allison, David R.	Saltzburg,		Pa.,
Ashby, John W.	Farrowsville,	Fauquier,	Va., Therapeutics of Iron and its consequences.
Atlee, Walter Franklin Lancaster,		Lancaster,	Pa., Simple external Ulcers.
Barnes, William A.	Centreville,	Montgomery,	Ohio, Typhoid Fever.
Barr, William H.	Middletown,	New Castle,	Del., Vaccina.
Bassett, Albert	Salem,	Salem,	N. J., Erysipelas.
Battle, Joel D.	Chapel Hill,	Orange,	N. C., Diagnosis.
Beazley, John S.	Jackson,	Hinds,	Miss. Prognosis.
Beers, Solomon	Easton,	Northampton,	Pa., Cholera Morbus.
Benton, Charles C.	Ox Bow,	Jefferson,	N. Y., Typhus Fever.
Berkeley, Thomas A.	Stanton,	Augusta,	Va., Gun-shot Wounds.
Bivins, J. A.	Murfreesboro',	Rutherford,	Tenn. Auscultation in the Diagnosis of Pulmonary Diseases.
Boulware, Muscoe	Port Royal,	Caroline,	Va., Pneumonitis.
Boyd, Charles	Frederick City,	Frederick,	Md., Peritoneal Section.
Boykin, Bias	Clinton,	Sampson,	N. C., Dysentery.
Brassell, Philip H.	Fayetteville,	Fayette,	Ga., Abortion.
Briggs, Junius A.	Norfolk City,	Norfolk,	Va., Concussion of Brain
Brugh, Ezra	Up. Black Ed.,	Bucks,	Pa., Phrenology.
Burke, Richard H. L.	Burkeville,	Prince Edward,	Va., Concussion of the Brain.
Butler, S. W.	Tahlequah,	Tahlequah, Cher. Nat.,	Uses of Hydrangea Arborescens.
Byers, Washington	Mt. Mourne,	Iredell,	N. C., Remittent Fever.
Cantwell, Terence J.	Youngstown,	Westmoreland,	Pa., Amenorrhœa.
Carson, William	Chillicothe,	Ross,	Ohio, Natural History of Disease.
Cavanaugh, James	Easton,	Northampton,	Pa., Delirium Tremens.
Chappell, John R.	Petersburg,	Dinwiddie,	Va., Cholera as it prevailed in Petersburg, Va., 1849.
Clement, J. B., Jr.	Philadelphia,	Philadelphia,	Pa., Therapeutics of Iodine.
Coates, Charles E.	Coatesville,	Chester,	Pa., Inflammatory Dysentery.
Coblentz, Jos. (M.D.)	Middletown,	Frederick,	Md., Nutrition.
Confer, J. Mackenzie	Hollidaysburg,	Blair,	Pa., Gun-shot Wounds.
Cook, John S.	Easton,	Northampton,	Pa., Diabetes.
Crabb, James T.	Philadelphia,		Pa., Epidemic Cholera.
Crane, Samuel L.	Halifax,	Nova Scotia,	Chemistry applied to Medicine.
Crawford, S. Wylie, Jr.	Philadelphia,	Philadelphia,	Pa., Hypertrophy and Atrophy.
Currie, David M.	Leasburg,	Caswell,	N. C., Healing Art.
Day, Jeremiah H.	Prairie du Chien,	Crawford,	Wisc. Malarial Fever.
Dickey, William H.	Halifax,	Nova Scotia,	Medicine as a Science
Dougherty, Cyrus L.	Holly Springs,	Marshall,	Miss. Typhoid Fever.
Douglas, George B.	Rome,	Floyd,	Ga., Malaria.
Dudley, William A.	Petersburg,	Dinwiddie,	Va., Cholera Infantum.
Dunham, Charles, Jr.	Allentown,	Monmouth,	N. J., Angina Pectoris.
Ealy, J. Hamlet	Schellsburg,	Bedford,	Pa., Hysteria.

Name.	Residence.	Essay.
Eason, John T.	Sumterville,	Ala., Fractures.
Fabs, Charles F.	York,	Pa., Gun-shot Wounds.
Faison, Elias K.	Clinton,	N.C., Ventilation.
Fauntleroy, Wm. L.	Gloucester C. H.	Va., Endocarditis.
Feild, Hume	Wyoming,	Va., Displacements of the Uterus.
Freeland, James B.	Paradise,	Pa., Gun-shot Wounds.
Garden, W. A.	Wilmington,	Del., Gun-shot Wounds.
Gautier, William J.	Brazoria,	Texas, Vesico-Vaginal Fistula.
Green, Wm. Hudson	Mount Zion,	Ga., Menstruation.
Gregory, Thomas L.	Old Church,	Va., Hepatitis.
Gresham, Charles	Stevensville,	Va., Menstruation.
Goodwin Jos. Addison	Trappe,	Pa., Oxygen.
Gullett, A. F.	Okolona,	Miss. Pneumonia.
Habersham, Francis B.	Savannah,	Ga., Bilious Fluxes.
Hales, Robert	New Store,	Va., Tetanus.
Hall, Thomas C.	Fayetteville,	Cumberland, N.C., Uterine hemorrhage
Hank, J. William F.	Liberty,	Md., Alcohol.
Hardy, Cornelius	M'Farlands,	Va., Cholera Infantum.
Hardy, William A.	Hotel,	N.C., Reflex function of Spinal Cord.
Harris, P. T., Jr.	Claiborn,	La., Physiological Effects of Alcohol on the Human System.
Harrison, W. A.	Fountain,	Greenville, S.C., Scarlatina.
Harvey, Samuel D.	Abington,	Montgomery, Pa., Dysentery.
Haynie, James W.	Heathsville,	Northumberland, Va., Acute Splenitis.
Heap, David P.	Tunis,	Africa, Cod Liver Oil.
Heaton, Abraham S.	Woodgrove,	Loudon, Va., Mercury.
Heerman, Charles F.	New Orleans,	La., Sympathy.
Hobron, Albert	New London,	New London, Conn. Dysentery.
Hoffman, Joseph	Lebanonville,	Hunterdon, N.J., Fracture of the Femur.
Holderness, Robert C.	Yancyville,	Caswell, N.C., Rubella.
Holmes, Daniel	Le Raysville,	Bradford, Pa., Professional Reputation.
Hunt, John G.	Darby,	Delaware, Pa., Histology of Muscular Tissue.
Hunter, David	Tamaqua,	Pa., Report of Cases of Scarlatina.
Ihrle, Ross R.	Easton,	Northampton, Pa., Dysentery.
Irving, Paulus A. E.	Cartersville,	Cumberland, Va., Gonorrhœa.
Jackson, John H.	Lexington,	Fayette, Ky., Water.
Jahraus, John Lewis	Philadelphia,	Philadelphia, Pa., Gastritis.
Janney, Daniel	Purcellville,	Loudon, Va., Membranous Angina.
Jeffries, William G.	Jamaica,	Middlesex, Va., Fracture of the Clavicle.
Jenks, O. B.	Madison,	Madison, Va., Typhoid Fever.
Johnson, Chas. M., Jr.	Femme Osage,	Mo., Acute Dysentery.
Johnson, Robert P.	Wilmington,	New Castle, Del., Observations on the Pulse.
Johnson, William B.		Perry, Ala.,
Jones, Matthew O.	Brownsville,	Fayette, Pa., Uterine Hæmorrhage.
Kemble, George S., Jr.	Harrisburg,	Dauphin, Pa., Color of the Human Family.
Kenñedy, John J.	Sumterville,	Sumter, Ala., Oxygen.
Kent, James	Petersburg,	Dinwiddie, Va., Gonorrhœa.
Koontz, J. S. B.	Washington,	Washington, Pa., Scæle Cornutum.
Loftin, O.	Wetumpka,	Ala., Cinchona and its uses.

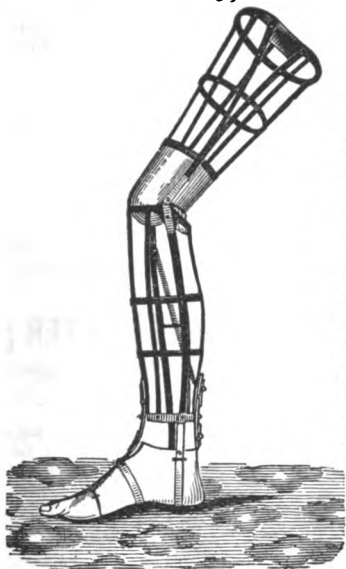
Name.	Residence.		Essay.
Ludlow, John G.	Neshanick,	Somerset,	N.J., Character of the Physician.
Lunday, R. W.	Savannah,	Chatham,	Ga., Venesection.
Marshall, Joseph B.	Annville,	Lebanon,	Pa., Difficulty of Practice of Medicine in the country.
Martin, W. C.	Las Casas,	Rutherford,	Tenn. Acute Bronchitis.
Mebane, Benjamin F.	Mason Hall,	Orange,	N.C., Anatomy of the Heart.
Miller, James M.	Yorkville,	York,	S.C., Cinchona.
Miller, S. Tyler	Paulsboro,	Gloucester,	N. J., Fever.
Morgan, John H.	Middleton,	Rutherford,	Tenn. Acetate of Lead.
Morton, Charles J.	Ridley,	Delaware,	Pa., The Origin and Therapeutics of Ergot.
Moseley, A.	Buckingham C.H.,		Va., Aneurism.
Mottley, Robert C.	Deatonville,	Amelia,	Va., Typhoid Pneumonia
Murphy, John G.	Potter's Mills,	Centre,	Pa., General Pathology of Inflammation.
M'Alpine, Charles R.	Kempsville,	Princess Anne,	Va., Inflammation.
M'Cauley, R. D.	Lafayette,	Montgomery,	Tenn. Chorea.
M'Chesney, Robert	Brownsburg,	Rockbridge,	Va., Uterine Hæmorrhage.
M'Cleskey, Law'ce A.	Mobile,		Ala., Yellow Fever.
M'Crea, Thomas P.	Logansport,	Cass,	Ind., Intermittent Fever.
M'Eney, H. O., Jr.	Monroe,	Ouachita,	La., Hygienic Management of Children.
M'Mullan, Jeremiah	Sparta,	Hancock,	Ga., Treatment of Fracture of Patella.
Nancrede, Saml. J. G.	Philadelphia,	Philadelphia,	Pa., Gout.
Nebinger, A., Jr.	Philadelphia,	Philadelphia,	Pa., Cholera Infantum.
Page, Richard H.	Tuckerton,	Burlington,	N.J., Menstruation.
Palmer, N. C.	Clinton,	E. Feliciana,	La., Asiatic Cholera.
Patterson, A.	Laurel Hill,	Richmond,	N.C., Effects of Mental Emotions.
Purnell, Francis J.	Berlin,	Worcester,	Md., Remittent Fever.
Randolph, John F.	Yazoo City,	Yazoo,	Miss. Collodion or Liquid adhesive plaster in the union of incised wounds.
Rawlings, J. W.	Nashville,	Davidson,	Tenn. Acute Gastritis.
Read, Joseph E.	Norfolk City,		Va., Pneumonitis.
Ricks, Willie B.	Rocky-Mount,	Edgecombe,	N.C., Inflammation, ulceration & Induration of the Cervix Uteri
Riddick, Charles A.	Gatesville,	Gates,	N.C., Chronic Hydrocephalus.
Ringland, John	Middletown,	Dauphin,	Pa., Dysmenorrhœa.
Ruffin, James S.	Marengo,	Macon,	Ala., Acute Gastritis.
Russel, William T.	Lewes,	Sussex,	Del., Fœtal Circulation.
Royston, Joseph M.	Salem,	Tippa,	Miss. Diarrhœa.
Sale, John W.	Davis' Store,	Bedford,	Va., Hæmoptysis.
Sandt, John	Easton,	Northampton,	Pa., Dysentery.
Sanns, John	Gallipolis,	Gallia,	Ohio, Hæmoptysis.
Scales, Absalom W.	Triune,	Williamson,	Tenn. Acute Rheumatism.
Schirner, John C. F.	Easton,	Northampton,	Pa., Hæmorrhagia Uterina.
Sears, John W.	Flint Hill,	Rappahannock,	Va., The Tongue as an Index.
Shannon, George H.	Sharon,	Wythe,	Va., Difficulties of a Young Physician.
Sharp, John W.	Milford,	Kent,	Del., Scarlatina.
Smaltz, J. Henry	Philadelphia,	Philadelphia,	Pa., Action of the Ligature.

Name.	Residence.		Essay.
Smith, A. Carpenter	Easton,	Northampton, Pa.,	The Moral and Physical Education of Females.
Smith, A. Hamilton	Philadelphia,	Philadelphia, Pa.,	Fracture of the Femur.
Smith, Darian	Grogansville,	Rockingham, N.C.,	Modus Operandi of Medicines.
Smith, Thomas B.	Cooperstown,	Otsego, N.Y.	Epidemic erysipelas
Smith, William C.	Hummelstown,	Dauphin, Pa.,	Poisoned Wounds.
Staggers, J. G.	Pineville,	Charleston, S.C.,	Epilepsy.
Stark, Miles K.	Hicksford,	Greenville, Va.,	Menstruation.
Steele, Edwin C.	Charleston,	Charleston D., S.C.,	Acute Hepatitis.
Stewart, James T.	Peoria,	Peoria, Ill.,	Hæmoptysis.
Stewart, William	Princess Anne,	Somerset, Md.,	The manner of conducting labor.
Stuart, James H.	Harrisburg,	Dauphin, Pa.,	Physical Education.
Sturdivant, Robert F.	Woodworth,	Mecklenburg, Va.,	Remittent Fever.
Tatum, R. Herbert	Skinquarter,	Chesterfield, Va.,	On the importance of a change in the Criminal code in relation to Fœticide
Taylor, Alexander C.	Newark,	Essex, N.J.,	Dyspepsia.
Tebbs, Thomas F.	Leesburg,	Loudon, Va.,	Nicotiana Tabacum
Terrell, Albert J.	Ruther Glen,	Caroline, Va.,	Tetanus.
Thompson, Hardman P.	Clearfield,	Clearfield, Pa.,	Febris Puerpera.
Turner, Thomas	Chester,	Delaware, Pa.,	Amenorrhœa.
Venables, George C.	Oakley,	Mecklenburg, Va.,	Travelling of Acute Abscess.
Walker, Thomas R.	Amherst C. H.	Amherst, Va.,	Strumous Diathesis.
Wallace, J. Gordon	Fredericksburg,	Va.,	Menstruation.
Wallace, William D.	Cheraw,	Chesterfield, S.C.,	Typhoid Fever.
Watson, Wm. Argyle	Newport,	Newport, R. I.,	Erysipelas.
Welborn, W. J.	Monticello,	Jasper, Ga.,	Digestion.
Whiting, J. Buchanan	Norfolk,	Norfolk, Va.,	Anæsthetic Agents as adapted to Surgery.
Wickham, Wm. F., Jr.	Taylorsville,	Hanover, Va.,	Aneurism.
Wilcox, John	Rockport,	Boone, Mo.,	Auscultation.
Williams Benjamin C.	Harrington,	Cumberland, N.C.,	Acute Peritonitis.
Williams, Philip C.	Winchester,	Frederick, Va.,	Acclimation.
Williams, Ralph P.	Yazoo,	Yazoo, Miss.	Pneumonia.
Wilson, Benjamin B.	Frankford,	Philadelphia, Pa.,	Infanticide.
Wilson, John	Milton,	Caswell, N.C.,	Cod Liver Oil.
Withers, Samuel J.	Huntsville,	Madison, Ala.,	Fractures.
Witten, Thomas G.	Jeffersonville,	Tazewell, Va.,	Physiological conditions of Human Life.
Young, W. P.	Oakhill,	Granville, N.C.,	Diabetes Mellitus.
Ziegler, George J.	Philadelphia,	Philadelphia, Pa.,	Zoo-adynamia.

At a Public Commencement held July 3d, 1849, the following gentlemen received the Degree of Doctor of Medicine.

Name.	Residence.	Essay.
Philip Barraud Baker,	Virginia,	Vital Stimuli.
John F. Bourne,	Pennsylvania,	Opprobria Medicinæ.
Ridley Browne,	North Carolina,	Pneumonia.
Matthew Clay,	Alabama,	Pneumonia.
Elias B. Glick,	Ohio,	Inflammation.
Leonard Magruder,	Mississippi,	Cinchona, &c.
James M'Culloch,	Pennsylvania,	Vital Phenomena.
Christopher C. Peace,	North Carolina,	Icterus.
John T. Steele,	Tennessee,	Cause and Effect.
TOTAL, 178.		W. E. H. ORNER, Dean.

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Machinery, for the Treatment of Deformities.



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2. It is cheaper, i. e., will blister more surface at less cost.
3. It is more cleanly and readily applied.
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ANDREW SMITH, M. D.,

"Deputy Inspector General of Hospitals."

From the N. Y. Journal of Medicine, (page 280,) March 1st, 1850:

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☞ The mode of taking the measure is by passing a piece of tape, &c, round the body on the hip bone, and sending the number of inches.

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3d. That it necessarily leads to a long train of evils, viz: hardening, scirrhus, ulceration, leucorrhœa, &c. &c., besides mental and nervous debility.

4th. That the above causes, and many others combined, have rendered the Pessary a very unpopular medium of relief, both among Physicians and patients, and have caused a demand for a better mode of relieving this distressing malady. Mrs. B. would add, that the brilliant success and reputation of her supporter, for the last 15 years, has had the effect of almost banishing pessaries from practice where the Supporter could be procured.

5th. That the lifting up the uterus by the pessary is insufficient to cure the complaint; there is a pressure at the fundus, bearing it down, the ligaments are relaxed, and the viscera around and about it, by their weight, keep it from recovering its position. A GENERAL SUPPORT to the abdomen is necessary, and is the desideratum. Thus an opportunity is afforded for the recuperative energies of the viscera to commence their work with success. The weight of the viscera pressing on the fundus, and the pessary at the extremity, she had found, after long experience, attended with bad effects.

6th. On the other hand, a lady having her Supporter applied, feels a delightful change; the heavy dragging pains are mitigated; she is, as it were, a changed woman; she walks with ease, attends to her domestic duties, &c. The taking off the pressure on the uterus is the cause of this improved state of things, combined with the moderate and gentle pressure by the perineal pad; thus notime is lost; a rapid and perfect cure in general takes place.

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THE
MEDICAL EXAMINER

AND

RECORD OF MEDICAL SCIENCE,

EDITED BY

FRANCIS GURNEY SMITH, M. D.

LECTURER ON PHYSIOLOGY IN THE PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION;
FELLOW OF THE COLLEGE OF PHYSICIANS, MEMBER OF THE ACADEMY
OF NATURAL SCIENCES OF PHILADELPHIA.



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Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 20th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

The Boston Medical and Surgical Journal. (Weekly, Boston.)

Buffalo Journal.

Medical News.

Western Lancet.

Western Journal.

North-Western Medical and Surgical Journal.

The British American Journal of Medical and Physical Science. (Montreal.)

The London Lancet. (Weekly, London.)

The Medical Times. (Weekly, London.)

Dublin Medical Press.

Provincial Medical and Surgical Journal.

The following works have also been received for notice:

Essays on the Puerperal Fever, by F. Churchill, M. D. From Messrs. Lea & Blanchard.

Taylor's Medical Jurisprudence. From Messrs. Lea & Blanchard.

Essay on Alcoholic Drinks; by Wm. B. Carpenter, M. D. From the same.

Experiments on Warming and Ventilating Hospitals. By T. S. Kirkbride, M. D.

Proceedings of the Medical Society of North Carolina.

Transactions of the Medical Society of the State of New York.

Historical Sketch of the state of Medicine in the American Colonies. By J. B. Beck, M. D.

Annual Announcement of Jefferson Medical College.

MacLise's Surgical Anatomy, No. 3.

Life and correspondence of Dr. Andrew Combe.

Address to the Graduates of Baltimore College of Dental Surgery. By E. Townsend, D. D. S.

Annual Announcement of Baltimore College of Dental Surgery. Session of 1850-1.

Valedictory Address of Baltimore College of Dental Surgery. By S. P. Hulehen, M. D., D. D. S.

Dunlison's *Materia Medica*, Fourth Edition. Lea & Blanchard.

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THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. LXVIII.—AUGUST, 1850.

ORIGINAL COMMUNICATIONS.

ON ACCLIMATION. *An Inaugural Essay presented for the Degree of Doctor of Medicine in the University of Pennsylvania.* By PHILIP C. WILLIAMS, M. D., of Winchester, Virginia.

Acclimation—the result of the various modifications in the human system, when it is subjected to the influence of a climate different from that to which it has been accustomed—is a theme of deep interest.

It is one, the proper appreciation of which would prevent or greatly mitigate many of the diseases to which man is now subjected, in his migrations for the sake of travel, commerce, and the pursuit of science. The question assumes still greater importance when viewed in its relation to colonization, or the settlement of large bodies of men in regions where the climate is often so different from that of their own native land. Within the limits of the United States alone, the changes thus effected by the continual movement of the people, from the old to the new States and territories, invest the problem with a peculiar and home interest.

It seems to be an established law of nature, that the constitution of man must be modified by the atmospheric influences with which he is surrounded, and that it must carry the impress of the climate which he inhabits.

While we admit the difficulty of accounting for all the distinctive traits that characterize the chief races of mankind, we cannot deny that many of the modifications in their external appearance, and physiological actions, are attributable to the influence of climate. Did the narrow limits of an inaugural essay permit, I might, to substantiate this view, repeat the affirmative opinions of Hippocrates, Montesquieu, and Cabanis. The "Father of Medicine" was the first to point out the controlling influence of climate, as he did so clearly in his essay on "Waters, Airs, and Places," when he compared the people of Europe with those of Asia, and attributed the superiority of the former over the latter, to a purer and cooler atmosphere. Montesquieu appeals to history to show that, in the various struggles among rival candidates for imperial sway at Rome, he who secured the assistance of the European legions was sure of success. General history, in its narratives of the overthrow of empires, kingdoms, and nations, points to the same conclusion.

There are many circumstances which combine to produce these modifications of climate, and these changes in the human system; such as the thermometric and hygrometric states of the atmosphere; the elevation above the level of the sea; the prevalence of, and the exposure to, particular winds, &c.

Let us, for a moment, examine the first of these, viz., the effects of temperature. The range of temperature compatible with human existence is exceedingly extensive; for we find man inhabiting not only the hot burning plains of the tropics, but the frozen dreary and desolate regions of the poles. The experiments of Tillet, Fordyce, Delaroche, Blagden, Berger, &c., show that for a short time, man is capable of enduring a temperature far surpassing that ever reached at the hottest part of the earth's surface. In these experiments air heated even to 325° Fahr. was breathed, for some minutes, without any great inconvenience. The immediate effects were, a considerable increase in the rapidity of the pulse, and excessive perspiration, accompanied by considerable fatigue.

On the other hand, man can live for months (as they, for example, who have passed a winter in the polar regions,) in an air so cold as to freeze mercury.

It has been clearly shown that the effects of heat are manifested both upon the organic and the animal functions. On the former,

they are seen in the increased activity of the circulatory and respiratory functions ; on the latter, they are followed by sensations of languor and fatigue.

The *functional* effects of heat are most distinctly marked upon the skin and the liver. The skin becomes changed in its appearance; and assumes either a dark or a yellow tinge, which may be attributed to an increase of the biliary secretion. The liver is stimulated to greater activity; the secretion of bile is greatly augmented, and its sensible properties are considerably changed. This high degree of functional excitement is frequently attended with inflammation of the organ.

The close relation observed between the skin and the liver, both in its physiological and pathological conditions, have induced some authors to speak of a "cutaneo-hepatic sympathy." (*Johnson on Tropical Climates.*) But while the skin and liver are thus *excited* by high and long continued atmospheric heat, the *lungs and kidneys act with diminished energy.*

Cold, in its primary effects, is in direct contrast with heat. The first is as decidedly sedative as the last is stimulating. Cold, continued for a length of time, diminishes the activity of all the functions, and reduces the being exposed to its influence, to a state resembling the sleep of hibernating animals. If continued still longer, it produces a state much resembling intoxication, followed by an excessive and overwhelming drowsiness, which is frequently the prelude to a sleep that terminates in death.

Equally contrasted are the *secondary effects* of heat and cold, if neither be carried so far as to derange the functions. Thus, while the excitement of heat is followed by languor and debility, the temporary depression from cold is succeeded by reaction, and a feeling of increased vigor. Cold, then, when moderate in degree, favors the activity both of the organic and animal functions—especially respiration, circulation, and nutrition—and it is followed by an increased development of animal heat.

This is not the place, nor have I time to dwell upon calorification. It is sufficient to make the statement, which is satisfactorily sustained by facts, that it can be referred to the action of no single organ, but is the result of a chemico-vital action, going on in every part of the system, by the combination of oxygen, taken in through the lungs, with the different tissues of the economy. It

may be looked upon as the combustion of all the solid and fluid elements of the body. Hence every thing, such as good nutrition, regular respiration and circulation, that tends to increase the fuel, increases to a correspondent degree the development of animal heat. In speaking of cold as contributing to the development of animal heat, it is important to remember that it operates in an indirect manner, viz., 1st. By condensing the atmosphere, and thus furnishing for respiration a larger proportion of oxygen in a given time. 2d. By exciting to exercise, in order to resist the depressing influence of cold—thus increasing the circulation and respiration. 3d. By increasing the appetite for nutritive food—especially fatty matters—thus affording a larger amount of “heat generating material.”

The *direct* operation of cold is to diminish the animal heat; and if continued in a great degree for a length of time, it may arrest its development by inducing a *torpor of the nervous system*, and thus enfeeble both the respiration and the circulation. The *direct* operation of heat, on the other hand, is not only to excite the functions generally, but also to *increase* the animal heat.

In estimating the influence of temperature upon the human frame, we should study its *comparative effects*, for we find the same climate producing totally different impressions upon its inhabitants, according to their race and prior climatic habits.

This is most strikingly exhibited in the following example from Andral, (*Dict. de Méd. et de Chir. pratique, art. Acclimatement.*) He states that the middle and higher portions of the island of Ceylon are inhabited by Europeans and negroes: the former, being exposed to a climate much hotter than that to which they were accustomed, die, in great numbers, of dysentery or hepatitis; while the latter, subjected to more cold than in their native climate, are rapidly carried off by pneumonia or phthisis.

Another element going to make up the complex problem of climate, is the *hygrometric* state of the atmosphere. This causes modifications in the human system, evinced by a striking difference in the external appearance, muscular development, activity, &c., of the inhabitants of a dry and hot, compared with those of a moist and sultry climate. For instance, the inhabitants of the sandy plains and deserts of Arabia and Africa, are thin and spare, but active: while those of the lower and moister countries as

about the Nile, Niger, &c., exhibit large and gross frames, with a development of adipose and cellular tissue. These differences did not escape the attention of Hippocrates. In the valuable treatise already referred to, he describes the inhabitants of the Phasis, whose country is fenny, warm, humid, and wooded, and where copious and excessive rains occur at all seasons. "They drink the hot and stagnant waters both when rendered putrid by the sun and when swollen by the rains. The Phasis is the most stagnant of all rivers, and runs the smoothest; all the fruits which spring there are unwholesome, of feeble and imperfect growth, owing to the redundance of water, and on this account they do not ripen, for much vapor from the waters overspreads the country. For these reasons the Phasians have shapes different from those of all othermen; for they are large in stature, and of a very gross habit of body, so that not a joint or vein is visible; in color they are sallow, as if affected with jaundice." They are naturally languid in supporting bodily fatigue. (Vol. 1, p. 203, Adams' edition for the Sydenham Society.)

Climate is also greatly modified by the *elevation* of a country above the level of the sea. The differences thus produced are very striking. In Mexico, for example, we have every variety of climate. Commencing with the low lands about Vera Cruz, which give origin to tropical fruits and tropical diseases, we gradually rise from district to district, with its diminished temperature, till we reach the city of Mexico, around which we find the temperature and productions of northern Europe. So with the regions of the Andes: travelling from the countries at their base, immediately under the Equator, we have variations from the scorching heat of a tropical sun, to the perpetual snows of Polar regions.

In all these elevated situations the atmospheric pressure is of course lessened. Hence we find that they give rise to an acceleration of the circulation, a tendency to pulmonary congestions, dyspnœa, and even to hemorrhages, in persons accustomed to inhabit situations nearer the level of the sea. In addition to the rarefaction of the air, these places are subjected to great and sudden changes of temperature, to excessively cold and violent winds, to the accumulation of dense fogs, &c.; and thus they exert upon the human frame many of the deleterious effects of Polar regions.

For a full, beautiful and satisfactory exposition of these effects, see "*Traité d'Hygiène Publique et Privée*, par Michel Lévy." Tome 1, p. 367-380.

We next approach to a consideration of those climatic changes effected by the exposure of a country to particular winds. This also claimed the observation and attention of Hippocrates.

In the case of the Phasis, already alluded to, he particularly ascribes many of the peculiarities of its climate to the long continued effects of warm, southern winds. So, also, in a subsequent part of the same treatise, (p. 220,) when describing the different people of Europe, he says, "Such as inhabit a country which is mountainous, rugged and elevated, are naturally of an enterprising, warlike disposition, and have no little of the savage and ferocious in their nature." On the other hand he remarks, "Such as dwell in places which are low-lying, abounding in meadows, and ill ventilated, and who have a larger proportion of hot, than of cold winds, and who make use of warm waters—these are not likely to be of large stature, nor well proportioned, but of a broad make, fleshy," &c. "Courage and laborious enterprise are not naturally in them." With the region last described, is contrasted that inhabited by the Scythians, which Hippocrates (p. 213) tells us, "lies under the northern bears; and consists of plains, high-lying and naked, and not crowned by mountains." "The winds blowing from the hot regions of the earth do not reach them, or but seldom, and with little force; but the winds from the *north* always blow, congealed as they are, by the snow, the ice and much water."

The same description equally applies to the Tartars, &c., of Northern Asia, who inhabit a country which descends from the Himalayah mountains to the North Sea. How striking the contrast between the inhabitants of this region and those upon the southern declivity, running down to the Indian ocean, and of course exposed to the warm winds of the south.

Differences of nearly equal importance are observed between countries continually exposed to eastern, and those exposed to western winds.

The nature of the soil, the qualities of the water drunk by the inhabitants, and the extent of wooded lands, are also features not to be overlooked in our estimate of climate.

It must be quite clear, even from this necessarily brief and imperfect sketch, that mere temperature, or the degree of heat or of cold, can convey but a very inadequate idea of the character of the seasons and climate of a country. Nor, in estimating even the temperature of any region, can we trust alone to its latitude, or its distance from the equator; for the enquiries of Humboldt and others, clearly show, that the "Isothermal lines" do not correspond with those of latitude, nor are they parallel to each other. Nor are the "Isothermal lines," or those of equal summer, parallel to the "Isocheimal lines," or those of equal winter; nor either of these with the "Isothermal lines." A forcible illustration of this fact is presented in the close resemblance of the winter climate of parts of Devon and Cornwall, in England, to that of central Italy, although they are separated by several degrees of latitude, and differ so much in their summers.

[As a still more striking exemplification of this truth, I would ask attention to the following extract from a speech delivered by Mr. Benton, in the United States Senate. Speaking of the climate of New Mexico, he says, "Humboldt thus describes it: 'New Mexico, though placed under the same latitude with Syria and Central Persia, has a climate eminently cold. It freezes there in the middle of the month of May, near to Santa Fee, and a little further north (under the parallel of the Morea,) the Rio del Norte is covered, sometimes several years in succession, with ice so thick that horses and carriages pass on it.' *Essay on New Spain*, vol. i. p. 103.

'The environs of El Paso are a delicious country, which resemble the most beautiful parts of Andalusia. The fields are cultivated in corn and wheat. The vineyards produce excellent wines. The gardens contain in abundance all the fruit trees of Europe.' (Vol. iii. p. 306.)

"Humboldt," continues Benton, "is right, and recent travellers now confirm what he wrote in 1804. It was at the head of the valley of the Del Norte, some three degrees north of Santa Fee, that Col. Fremont suffered his great disaster—had to struggle through snows above the heads of men and horses, and found it a relief to tread the river, solid with ice, for a road. At Santa Fee, the 20th of February, it was winter; eight days afterwards, on the

Rio Abajo, half way to El Paso, and having descended 2600 feet, and still 1200 feet above the level of El Paso, it was spring, the farmers plowing and seeding, the early fruit trees in bloom, and the air so mild that he camped out at nights without tents, though in a settled and hospitable country.”]

Having noticed some of the peculiarities of different climates, and having shown that they modify more or less the constitutions of all who come within the sphere of their continued action, the question naturally arises : can man, with his constitution thus moulded by his native climate, remove to a foreign country without risk of injury to his health, or of suffering from disease ? We answer, without hesitation, in the negative.

The history of European colonization and conquest, especially in the East and West Indies, and in Northern and Central Africa, exhibits a frightful loss of life, owing to the changes of climate and the difficulty of acclimation. Even in our own country, we have seen with what a great sacrifice of life have been accomplished, first the settlement of our Atlantic, and afterwards that of our Southern and Western States.

Yearly, the natives of the Northern States, who in the pursuit of commerce, or of pleasure, make a sojourn in the Carolinas or in Louisiana, pay the penalty of disease, and too frequently of life itself.

A knowledge of these and similar facts, must make us slow to credit, at least to the extent generally entertained, the opinion that man possesses the power of adapting himself to *all changes* of climate. A recent writer, M. Boudin, in an article entitled “*Etudes dé Pathologie Comparative*,”* formally protests against such an opinion, “a belief of which, he thinks, not resting upon any experimental basis, could only have originated from what has been observed of a fraction of humanity represented by what we call the Caucasian race.” “From the earliest times to our own day, we see the European fail in all his attempts at acquiring a permanent hold upon the land of Egypt ; where, also, the Negro and the Mameluke are shown to be incapable of procreating beyond the third generation. In Corsica, the Italian termination of family names proves, of itself, the inability of the French to establish their stock upon that island. Where, in the north of Africa, do we find the descendants of the Romans and the Vandals ? Why, in America,

* Ann. d' Hyg. and de Med. Leg., 1849.

continues Boudin, after passing the 36th degree of latitude, do we meet with slavery everywhere, unless where the elevation of the land mitigates the deleterious influence of an excessively increased temperature? The height above the ocean which gives protection to the life of a European, in hot climates, becomes fatal to the negro. Out of 53 black soldiers posted at Ninera Elia, in the island of Ceylon, at 6200 feet above the level of the sea, 15 died before the end of the year. In the earliest times, despotism made use of exile into countries alien to their nature, for the destruction of different nations. With this view, after the destruction of Jerusalem, were a great number of Jews sent to Sardinia, on the occasion of whose exile Tacitus makes the following reflection: 'Et si ob gravitatem cœli interissent, vile damnum.' After the war of the Morea, Mehemet Ali, wishing to get clear of the undisciplined Arnouts, sent them to the shores of the Red Sea, *where in a few years, 1800 men were reduced to 400, by the mere influence of the climate.*" A forgetfulness or an ignorance of the incompatibility of certain races with particular regions of the earth, has caused an immense loss of life and the failure of the most costly expeditions. "Thus, in 1817, a negro regiment, placed in garrison at Gibraltar, was almost entirely destroyed by pulmonary consumption. In 1841, the expedition to the Niger failed, perhaps owing to the bad selection of the crews of the vessels. In *three weeks* after having entered the Niger, *130 out of 145 white men were attacked with fever, and 40 sank under it.* Out of 158 *negro sailors*, on the other hand, born in America, in the West Indies, or on the coast of Africa, *11 only* were assailed by fever—but 9 of the cases were fatal. Thiers, in his history of "the Consulate and the Empire," shows the dreadful loss of life among the French troops employed in the invasion of St. Domingo. "But 7000 or 8000 men remained out of an army of 32000; 15000 *were carried off in two months.* At the same time, in which Toussaint l'Ouverture, the sinister prophet who had foretold and longed for these disasters, died of cold in France, a prisoner at the fort of Joux, our soldiers sank under the piercing rays of a destroying sun." It would be easy to multiply examples to the same effect; all going to show the heavy tax paid by those who adventure into remote lands, and into climates differing from that of their nativity. Not only are immense numbers carried off by dis-

ease, but the survivors are reduced below their former standard of bodily strength and mental vigor, and thus are made an easy prey to disease; and in some places it has been doubted whether the engrafted stock could last many generations. Twining asserts (Johnson op. cit.) that, in the delta of the Ganges, such is the influence of its climate, the unmixed European race becomes extinct at the third generation.

Notwithstanding, however, all these instances, we are forced to admit that the human constitution undoubtedly possesses the power of accommodating itself to new, and oftentimes to the most opposite, climatic influences; and this not merely in the case of a few individuals, but of entire communities, and even of great nations. A notable example is afforded in the case of the Jews who are scattered over the habitable globe—all of them retaining features which mark their common origin. But still, if we compare a Dutch with a Spanish Jew, and these again with a Jew of Malabar, we observe a striking difference in their appearance; and also find them exhibiting the shades of complexion, the color of the skin, and the general external development, indicative of the climatic influences to which they are respectively subjected, and which approximate them to the natives of these different countries. We see clearly, that though the race is unmistakeably continued, it has undergone changes, only to be attributed to the influence of a new and foreign climate.

It now remains for us to enquire into the changes by which the process of acclimation is accomplished. First we shall speak of those effected by a removal from a cold to a hot climate, or in other words, SOUTHERN ACCLIMATION.

We have seen that, *in a cold climate*, man's circulation and respiration must be active; that his nutrition must be good, in order to supply the materials for the development of heat sufficient to protect him from the injurious influence of the cold atmosphere by which he is surrounded. In this condition, he is carried to a tropical climate, where the active evolution of heat is not only unnecessary, but injurious; he arrives with all his organs actively discharging their respective functions; developing a quantity of heat far exceeding the demand. Were it not for the abundant perspiration that accompanies this functional excitement, the new-comer would be exposed to the most imminent danger.

It is owing to this fact that, as experience shows, the acclimation of delicate, weak, or old persons, is more easily accomplished than in the case of those possessing strong, energetic constitutions, and with a tendency to plethora.

The stranger, in a *hot climate*, is subject to the following changes: His circulation becomes accelerated; he suffers extremely from excessive heat; is subject to the most distressing restlessness, in his being for a time utterly unable to procure sleep; and he exhibits a strong tendency to local congestions, particularly to the intestinal canal, brain, liver and skin. All strangers, however, are not thus affected; nor can we give any fixed, invariable description that will be applicable to all. We see some affected with a trivial indisposition, which soon disappears, and they are well. Some, after continuing for a few days slightly indisposed, are attacked by an affection of brain, liver or intestinal canal, by which they are frequently carried off: others, without any previous warning, are suddenly seized with a fatal inflammation of these organs. The greater number, however, at first, seem to be but slightly affected by the change of climate; but, by degrees, their bodies are emaciated, their strength declines, languor and debility are depicted upon their countenances, and they, unconsciously, become victims of chronic diseases of the liver and intestinal canal.

From what has been before stated, we are prepared to learn that countries in the same latitude, do not exert the same influence upon strangers. We find that these countries, owing to peculiar situation, temperature, and many other circumstances, give origin to different diseases, and thus operate in a different degree upon new comers.

It would carry me too far from the immediate subject of this essay, and occupy too much time, to enter fully into this subject; hence I must content myself by making the general statement, that countries of the same latitude, however different may be their endemic diseases, and however different their primary effects, produce ultimately about the same mortality. Though many examples might be quoted, the following from Andral (op. cit.) affords a good illustration of this point. "Out of *one thousand British* troops sent to Jamaica, it was found that *four to five hundred of them perished during the first eight months*; while out of an

equal number sent to Madras during the same period, only sixty to seventy died. But this disproportion diminished as their sojourn continued, so that at the end of two years the *number of deaths, in the two stations, was nearly equal.*" In the former case, they were carried off by yellow fever, or some similar disease, which rarely occurs more than once to the same individual; and as the climate is mild, they that escape this attack, afterwards enjoy good health; whereas, in the latter place, near Madras, they are exempt from yellow fever and other such epidemics, so that few die at first, but after remaining awhile, exposed to the climate, with its atmospheric extremes, their constitutions become enfeebled and broken down, and they are carried off in great numbers by dysentery, or some disease of the stomach or liver.

(To be continued.)

Nitrate of Silver in Epidemic Dysentery. BY LEW. SLUSSER,
M. D., of Canal Fulton, Ohio.

That diseases of an epidemic character are more difficult to manage—more intractable in their nature and treatment, than the same in a spasmodic form, is a principle in the practice of medicine that will not, I presume, be denied.

During the summer of 1849, dysentery prevailed in this section with unwonted virulence. In some neighborhoods the mortality attending its prevalence was so alarming, that with some practitioners it was regarded as but another form of Asiatic cholera.

In very many cases, the ordinary remedies, such as we had been accustomed to prescribe in former years, and with satisfactory results, utterly failed. Neither mercurials, opiates, nor astringents, separately, or in varied combination, exercised any control over the symptoms, not even palliating them. The same may be said of ipecac., Hope's mixture and counter-irritation. Nor had injections of starch and laudanum, ice water, or suppositories of solid opium any effect in mitigating the tormina and tenesmus. Dr. Young's buttermilk treatment, (vide Amer. Jour. of Med. Sci., 1842,) proved advantageous in a few cases; in others, it undoubtedly aggravated the symptoms. Antiphlogistics were contra-indicated. Some cases, despite the most energetic treatment, would terminate fatally in less than forty-eight hours; others, prostrated from the

excessive evacuations, fell into a typhoid condition, lingered a fortnight or more, and then died. In this latter condition it was, after having failed with those remedies hitherto regarded as orthodox, that I had recourse to nitrate of silver, a remedy first suggested I believe, in this disease, by M. Trousseau. In determining upon this article, I was mainly influenced by the knowledge of its frequent exhibition in other enteric affections, both acute and chronic; and particularly by the ocular proof of its beneficial effects in typhoid fever, which prevailed among us the previous spring. Regarding the pathological conditions of the two affections, as in many respects analogous, I felt justified in giving the remedy a trial. The results were very satisfactory; and I may add, that subsequent experience confirms the favorable opinion previously entertained.

I have not had any experience of its effects in the *first* stage of dysentery. In what some authors, very properly, as I conceive, designate the *second* stage—where the discharges give evidence of an ulcerated condition of the bowels, accompanied with typhoid symptoms—I regard nitrate of silver as *the* remedy to be preferred to any I have yet seen recommended. I will give particulars of a few cases from notes taken at the time.

The first case in which I exhibited it, was that of Mrs T——, æt. about 35; the mother of four children. I had treated her in the spring for “sore mouth peculiar to nursing women.” In June she had an attack of cholera morbus, which yielded upon the exhibition of our ordinary remedies. About the first of August, dysentery made its appearance in her family. First her husband was attacked; he convalesced in a few days upon the calomel and opium treatment. Next herself.

Resorting to the previously tried remedies already mentioned, without any mitigation of symptoms, her condition soon became such, that I was satisfied unless some other course of treatment was speedily adopted, the result could not be otherwise than fatal. At this stage decided typhoid symptoms had supervened; countenance, hippocratic; skin, bedewed with a cold clammy sweat; eyes, sunken and lustreless; pulse, weak and frequent; tongue, dry, red and glazed; thirst, ardent; bowels, tympanitic; tormina and tenesmus almost incessant; fifteen and twenty discharges in as many hours, of a purulent, bloody, and lymphous character.

I determined upon the following prescription :

R. Argent. Nitrat. Crys.	gr. vj.
Pulv. Opii.	ʒj.
Mucil. Gum Acac.	q. s.
M. ft. pil. No. xij.	One every two hours.

Her prostrated condition was such as to demand the free exhibition of stimulants, in order to sustain the faltering energies of life. Brandy and arom. spts. ammon. were given *pro re nata*. At the same time I ordered an injection every three hours, of gr. ij. nitrate of silver dissolved in ʒj. warm water, mixed with a gill of tepid milk. At the expiration of twenty-four hours from the adoption of this treatment, I found an evident amelioration of the distressing symptoms. The evacuations were less frequent, and there was a decided mitigation of the tormina and tenesmus. I was encouraged to repeat the prescription, but prolonged the time of giving the pills to three hours, and omitted the injections. The discharges soon after, exhibited the characteristic dark appearance, the effects of the remedy, and contained less mucus. The symptoms gradually abated, the secretions became natural, and in a few days the patient was entirely out of danger.

The next case was that of a daughter of Mrs. T. æt. 10 years. She had been confined about a week ; condition much the same as that of her mother. Ordered the same prescription, observing a differential proportion. The improvement, for the first twenty-four hours was not so marked as that of her mother ; and observing a want of action about the surface, I concluded upon the following :

R. Nitrate Argent. Crys.	gr. iiss.
Salph. Morph.	gr. i.
Vin. Ipecac.	ʒi.
Aquæ Camph.	ʒi.

M. A teaspoonful every two hours. At the same time ordered a warm bath. This had the desired effect. Free perspiration followed ; the alimentary secretions improved ; and in a short time she also recovered.

Few days after, saw Mr. M——, æt. about 45, in consultation with Dr. Donahu. He had been laboring under dysentery some twelve days, and was much prostrated. Pulse 130 ; abdomen tympanitic, though not tender upon pressure ; had discharged on the day previous a large quantity of fatty matter, having the consistence

of healthy pus, but inodorous; tongue dry, and covered with a thick white coat; the papillæ prominent; sordes upon the teeth and gums; his whole surface covered with a fœtid clammy perspiration. He had had the full benefit of the calomel and opium treatment. Typhoid symptoms were present, and it was evident there was a decided downward tendency.

The treatment adopted in case first was decided upon, and the results were equally fortunate.

I deem it unnecessary to extend this article, by a detailed history of other cases, with like symptoms, treated by the same curative agent, and resulting alike satisfactorily. Sufficient, I think, has already been adduced to recommend the agent as one at least worthy of trial. I might mention that I suggested the remedy to several neighboring practitioners, and so far as I have heard, its administration, in the conditions before specified, was attended with uniform success.

In obstinate diarrhœa of infants, it has proven in my hands an excellent remedy. In advanced stages, where the prostration and emaciation is extreme, dejections frequent and watery, I have exhibited the following mixture with admirable results.

R. Argent. Nitr. Cryst.	
Sulph. Morph. aa.	gr. ij.
Gum Arab.	ʒi.
Sacch. Alb.	ʒij.
Aquæ.	f. ʒiij.

Ft. mix. Teaspoonful every three hours to a child three years old.

Case of Arrested Muscular Development. By P. K. HUNTINGTON, M. D., of Perry, Wyoming County, New York. (Communicated by Prof. J. K. Mitchell.)

Mr. Benedict, a young man, aged 22 years, of good habits, has had, without any apparent cause, for the last eight years, no development whatever of the muscles of the thighs and pelvis, and also of the arms, while those of the leg, fore-arm, foot and hand, and also of the back, are fully developed. The gastrocnemii are very large indeed, resembling much those of an opera dancer, while the muscles of the thigh, including the glutei, are

flaccid and shrunken, resembling those we find in the limbs of a person in the last stages of phthisis. The contrast between the arm and fore-arm is not quite so striking as that of the corresponding parts of the lower extremities, yet it is very apparent to any observer.

He complains of no pain or inconvenience whatever, and suffers only from the weakness which necessarily attends such debility of the muscles.

Whenever he rises from a sitting posture to a standing one, it is done by the assistance of the upper extremities, and a sort of springing motion. He cannot step up a common stair without a very great effort, accompanied also with a sudden spring. To raise himself from the stooping posture is impossible without extrinsic mechanical aid.

There is no apparent difference in the sides of his body; both seem affected alike.

He imagines that the muscles affected are less in size than they were eight years ago, but whether this is really the case, or whether it has been merely an arrest in the development, while the rest of the body has been developed naturally, is as yet a question unanswered.

I have searched the works to which I have access to find an analogous case, but in vain, for I can find nothing which even approximates it.

I would advise him to visit your city, were I satisfied that any medical aid would benefit him.

With this concise description, therefore, I wish to submit the case to you, asking your opinion in regard to the propriety and probable success of medication.

Case of Lactation in a Male. By C. W. HORNOR, M. D., of Philadelphia. (Communicated by Professor Dunglison.)

DEAR SIR,—According to your request, I send the particulars of the case of lactation in an adult male. It occurred in the person of an athletic American, named Charles Collins, aged 22 years, a blacksmith, working at his trade in New York. About the 10th of February last, his attention was first drawn to his left breast, which appeared to be enlarging, and continued to increase in size

for three weeks, when he came to Philadelphia. After being in this city for three weeks, he became quite anxious in regard to his condition, for although he suffered very little pain, the mamma had become quite as large as that of a female nursing. He therefore, through the persuasion of an aunt, was, on the twenty-third of March, induced to apply at the Clinic of the Jefferson Medical College to consult the faculty of that Institution. His case came up before Prof. Mütter, who, upon examination, found the mammary gland largely developed, and filled with the lacteal secretion, which differed in no wise from that of a mother. He could assign no cause for this freak of nature; his health was very good, and the other breast natural. A soap plaster was prescribed, and compression ordered to be kept up, which he persisted in for full six weeks, when the gland returned to its usual size; and when I saw him this morning at Fairmount, where he now resides, it was in every respect like the other.

BIBLIOGRAPHICAL NOTICES.

SOUTHERN MEDICAL REPORTS: *Consisting of General and Special Reports of the Medical Topography, Meteorology and Prevalent Diseases in the following States: Louisiana, Alabama, Mississippi, North Carolina, South Carolina, Georgia, Florida, Arkansas, Tennessee and Texas; to be published annually.* Edited by E. D. FENNER, M. D., of New Orleans, Member of the American Medical Association, &c. &c.

(Concluded from page 422.)

In article twelfth we have an account of the New Orleans Charity Hospital. The extent of this hospital and its means of relief may be inferred from the fact, that, in 1849 the total admissions were 15,563; total discharges, 12,134. The deaths during the same time were 2,739. This shows a mortality of $17\frac{1}{2}$ per cent. of the admissions—a large rate, but it occurred during the prevalence of one of the most destructive diseases—cholera. Many were admitted in a moribund state, or beyond the reach of remedies.

Of the above number of patients admitted, there were from

United States,	-	-	-	-	-	1,782
Foreign countries,	-	-	-	-	-	13,034
Unknown countries,	-	-	-	-	-	142

The number of natives of Louisiana who were inmates of the hospital, was only 147. In how many ways is this great country the refuge of the people of the old world!

In another article, the organization of the State Medical Society of Louisiana is mentioned, and the nature and character of the standing committees are specified. They evince a laudable determination on the part of the physicians of Louisiana to keep up with the requirements of the present time, for the support and extension of the different branches of medical science.

All the reports hitherto noticed are from Louisiana.* Next follow those from Alabama. The initial one, by Dr. Bassett, on "the Climate and Diseases of Madison County," consists of much useful description, pointed and sometimes irrelevant references, and clinical reports. His biblical commentaries on the use of chloroform are at least amusing. When quoting the authors by whom cold bathing is recommended in Scarlatina, Dr. Bassett might have included Dr. John Bell, who, probably more than any other American physician, has emphatically exhibited its efficacy, first in his work on Baths and Mineral Waters, and subsequently in his published Lectures on the Theory and Practice of Physic, and in his late Treatise on Baths and the Watery Regimen.

The second article of the "Reports from Alabama," is entitled "Contributions to the Vital Statistics of Mobile, by George A. Ketchum, M. D." The mortality among the white population is much greater than among the black; and, in the former, more among the males than the females. The disparity in the case of the white males may be accounted for by their greater number, owing to so many of them coming without families to Mobile, to engage in business.

"Among the blacks the greatest mortality is among the infants under one year of age, and next between one year and ten."

Next comes an account of the Mobile Medical Society, and an

*The repetition before each article of the general heading, "Reports from Louisiana," is unnecessary. It would be enough were it to precede article first.

Abstract of its Proceedings. These consist of notes of interesting cases and remarks of the members, embodying, altogether, much useful information.

“ Dr. Ketchum related the following instance of precocious development that he had met with in a family of negroes. The mother, Diana, was just thirteen years of age when her first child was born. This child, Tyra, was now twelve years and three months old, and has been menstruating eighteen months. She was three months advanced in pregnancy. Her breasts are large and full, though otherwise she has the appearance of a young girl of eight or nine years of age. Her younger sister, Mary, is just nine years of age, and has been menstruating regularly since the spring of 1848. If Tyra carries her foetus until term, her mother will become a *grandmother* before she is twenty-six years of age.”

Cases were related by Drs. Walkly, Ketchum, Ross, Anderson, and R. L. Fearn, the President, in which chloroform had been used with success. One was of “ convulsions in a small child, in which all the usual remedies had failed to procure relief, and the child was fast sinking. He had chloroform administered by inhalation, and the convulsions had ceased, and the child had up to this time remained free from any recurrence of them.” Dr. Walkly related another instance of the good effects of this treatment in the case of a child, fourteen months old, in whom the convulsions were confined principally to the right side. Dr. Anderson adduced a case coming under his own observation, confirmatory of this practice. The administration of the chloroform was kept up several hours, “ on account of the tendency that the convulsions manifested to return. He thought that about $\frac{3}{4}$ of the article had been used.”

“ Dr. Fearn reported two interesting cases of labor in which he had used chloroform with much benefit.”

Dr. Ketchum has used chloroform successfully “ in a violent case of hysterical convulsions occurring in a young woman, twenty-one years of age;” also “ in a case of tedious and difficult labor.” He found the topical application of chloroform to give relief in a very painful neuralgic affection of the face and one side of the scalp. “ The patient was entirely relieved by wetting a handkerchief with a few drachms of the article, and applying it along the painful course of the nerves”—[the course of the pained nerves.”] This article was used by Dr. Walkly in three cases of *trismus nascentium*, but without any good effect.

A case of nyctalopia was described by Dr. Ketchum, in which he gave a purgative of blue mass and rhubarb in the evening, and on the following morning fifteen grains of quinine were administered. "There was no return of the affection from this time."

The fourth article from the Alabama Reports, consists of Transactions of the State Medical Association, in the form of reports on Topography, Meteorology and the prevalent diseases. Dr. Fenner, after speaking of them in high terms, says: "They have been published in the New Orleans and Augusta Medical Journals, from which we shall select such as we think are most valuable."

An advantageous specimen of these reports is furnished in the paper by Dr. Bates, "On the prevailing diseases of a portion of Dallas County. Read before the Alabama State Medical Association, at its sitting in Wetumpka, on the 7th and 8th of March, 1849."

In the treatment of Bilious Remittent Fever, Dr. Bates rarely practices general bloodletting, unless in cases complicated with engorgement of internal organs—quite a common condition of things, he might have added—when local depletion is had recourse to. His course is a mildly antiphlogistic one. So soon as a remission is observed, he gives sulphate of quinine, and if there should still be some excitement, he combines with this article a small portion of ipecacuanha and morphia.

"Of the 16 cases of typhoid fever that came under my notice, 6 were whites and 10 were blacks; all adults. Of the former, three proved fatal; of the latter, five. There were two cases occurring among the whites, and the same number among the slaves, that I term malignant typhoid, in contra-distinction to the others, from the severity of the symptoms and the rapidity of their course. The symptoms were different from those we usually see in typhoid fever, and in some respects assimilated those of malignant bilious fever. It is a difficult matter, I apprehend, to explain the combination of appearances, unless we suppose that the causes which produce remittent fever, modified considerably the idiosyncrasy of the individual in whom was developed the typhoid type."

Details of these cases are given by Dr. Bates.

Congestive Fever is next described by the author, who gives his views of its pathology, and the treatment which he adopts for its cure. There is no lack of active medication: "quinine and stimulants, with camph., opium and aromatics, are administered in-

ternally; while sinapisms, the hot air bath, dry frictions, and blisters to produce their full rubefacient effect, are applied to the extremities, spine and epigastrium. The patients bear quinine in large doses admirably, and I have frequently given 100 grains in a few hours without any other complaint than a little ringing in the ears. After reaction is in a measure effected, calomel in small doses, with opium, is given to correct the secretions, if necessary, while the quinine is continued to prevent a recurrence of the collapse. Perfect rest is enjoined the whole time."

In the treatment of the anginose variety of scarlatina, Dr. Bates recommends a mild antiphlogistic treatment—a mild laxative and a soothing diaphoretic, sometimes sponging with cold water. If the throat was greatly inflamed, "the tonsils were scarified with a common gum lancet, and then touched with a camel's hair brush and a solution of nit. silver, 10 grains per ounce, three times daily, until the soreness had in a measure disappeared. In some instances, the solution was gradually increased in strength from 22 to 25 grains. In not a solitary instance, where this course was pursued, was there ulceration or chronic engorgement, or enlargement of the tonsils, after the subsidence of the disease."

Georgia furnishes her contribution to these reports in a long and elaborately written paper by Dr. Pendleton, entitled "A General Report on the Topography, Climate and Diseases of Middle Georgia." In the positive, we are favored by the author with a description of the soil, face of the country and atmospherical states of the region. In the speculative and conjectural, he entertains us with his views of miasmata and the etiology of periodical fevers. The first is fresh and original; the second places him in the crowd of those who travel in the road of hypothesis.

The diseases of Middle Georgia have undergone, as we learn from Dr. Pendleton, a considerable change within the memory of man, both as regards their pathology and general fatality. "Formerly bilious remittent fever was a very fatal type of disease; now, I hesitate not in making the assertion, that uncomplicated remittent fever, as it prevails in Middle Georgia, never proves fatal, under a judicious and scientific treatment, if taken in time. I doubt not the virulence of the disease has greatly abated in late years, and even under the old plan of treatment, the mortality

would not now be so great. But when we remember that the sole object of the practitioner of that day seemed to be to mercurialize his patient—particularly if one or two heavy charges of drastic purgatives did not succeed in ejecting the enemy, and during the whole course not a drop of cold water was ever allowed, no matter how dry the tongue or how burning the thirst, we wonder no longer at the greatness, but rather at the smallness of the mortality. Luckily for suffering humanity, a few wise heads soon discovered that every patient who obtained water by stealth, recovered, and those who did not, died, or suffered long before recovery; a consequent modification was made in the treatment, which has been still farther improved upon, under the benignant light of the Broussaian philosophy, until the monster has become a mere child, to be throttled and overcome by every tyro in medicine.”

As regards the morbid effects of particular seasons on the animal economy, Dr. Pendleton, referring to the district described by him, tells us “ what has grown to be an adage in the Southern States, that a wet spring and summer, with a dry fall, will produce a sickly season.”

“Of what are generally termed idiopathic fevers, we have the common continued, inflammatory, bilious remittent and intermittent—the first two prevailing mostly in the cold months, and the last two in summer and autumn. The common continued fever frequently takes on a typhoid type after the first or second week, and hence has received that name by many physicians throughout the country. It is better known among the common people as the ‘*slow fever*,’ from the tedious course it runs, frequently terminating either favorably or unfavorably at the end of the fourth or fifth week. I doubt not the true pathology of this disease is a sub-acute inflammation of the mucous membranes, originating in atmospheric vicissitudes, or supervening on the partial subduction of more violent fevers. The stimulating plan of treatment, as brandy, morphine and quinine, has consequently resulted most disastrously to all who have been brought under its influence. On the contrary, the *expectant* plan, of gentle antiphlogistics and counter-irritants, has relieved at least 19 cases in 20, as my tables will show.”

Dr. Pendleton exhibits, in a tabular form, the number of cases of the different diseases which occurred in his practice in Hancock County, since 1843, and next of those of the deaths. We insert his summary view of the proportionate mortality. “Thus, out of

2,039, we have 60 deaths, being 2.94 per cent. The mortality of diseases of the digestive organs is 3.33 per cent.; the respiratory, 5.89; diseases peculiar to women, 3.2; brain and nervous system, 5.2; eruptive fevers, 4.4; idiopathic fevers, 0.34; and urinary, 1 in 52. It is remarkable that the mortality of idiopathic fevers is so small—there being of periodic fevers not a single death—of continued fevers, only 2 in 44; making a mortality of 4.4 per cent. This latter embraces that fearful type of fevers generally denominated typhoid. The result of the table certainly speaks volumes for the healthiness of our region in comparison with many other sections of the South.”

Dr. Pendleton has written “On the Susceptibility of the Caucasian and African Races to the Different Classes of Disease.” This paper first appeared in the *Southern Medical Journal*, and is now transferred to the “*Southern Reports*.”

“The ratio of deaths, according to the number of cases, is 2.57 for the whites against 3.54 for the blacks.” The whites are more subject to diseases of the *primæ viæ* than the blacks; the latter more to pulmonary affections than the former. There is greater call for medical assistance from the negro than from the white women, in the proportion of 15.2 to 10.5 per cent. The blacks are more subject to rheumatism, urinary affections and diseases of the teeth. The whites are much greater sufferers from idiopathic fevers, also, by a small per centage to diseases of the eye and exanthematous affections.

“With regard to the sexes, we find that the males are more subject to diseases of the digestive, respiratory, urinary and visual organs, as also the brain and nervous system, while the females, apart from diseases peculiar to them, are more liable to the exanthemata, rheumatism and diseases of the teeth. The females predominate over the males by a considerable per cent., in the general liability to disease. Thus, out of 1549 cases, we have 924 females, against 625 males. Abstract from those 204 for diseases peculiar to women, and they still have a considerable ascendancy. But the diseases of females are less fatal in their character than those of males. Thus, out of the 924, we have 26 deaths, or 3.2 per cent. of females—while out of the 625, there are 20 deaths, or 3.2 per cent. of males.”

“Perhaps the most remarkable fact connected with this table, as relates to the sexes, is the great preponderance of the males in idiopathic fevers. This being as 20.6 per cent. against 9.6; more than two to one.”

Dr. Pendleton concludes his instructive paper in a tone of Christian philosophy, in the monition furnished to us by the infirmities of age and the more sudden inroads of violent disease:

"The lesson it teaches us of our mortality, is too obvious for the wise not to heed its healthful instruction and solemn warnings, and the good physician should always carry about him a medicine 'to minister to the mind diseased.' It is not found in our apothecaries' shops, nor is it indigenous to this clime; but still it may be obtained 'without money and without price.' It is the Elixir of Immortality."

"A Strange Case of Insanity," is the heading of a brief narrative of insanity, induced in a lady in Georgia, by fright from falling from a carriage. She was for some time in the Bloomingdale Asylum, but returned home without being cured of her malady. Her disposition had become, contrary to her wont, gay; and in conversation she evinced great sprightliness and wit. The house in the country in which she was residing took fire and was burned. But this disaster, by giving rise to terrible fright, "completely restored her to her right mind."

The organization and the names of the officers of the State Medical Society of Georgia, are furnished at page 344.

Under the head of Reports from Mississippi, we find an account of "the Topography, Meteorology and Climate of Jackson, the capital of Mississippi." By Dr. S. C. Farrar.

The author of this paper gives a lively sketch of the state of society and the causes of disease, and the defects of medical treatment, in the early settlement of Jackson, which, by the way, dates no farther back than 1832; and he contrasts them with the improvement in all these particulars at the present time. A large influx of both white and black settlers, the latter being slaves, unacclimated and over-tasked; the first owing to various speculations and anxious efforts to better their fortunes—the second to excessive field labor, furnished large materials for disease, the victims to which were increased by intemperance. "At almost every cross road a small cabin was erected, which, in common parlance, was denominated '*a dogery*.'"

Old physicians retired from practice; others abandoned it to engage in the less arduous and more attractive work of speculation. "Young physicians flocked to the State, chiefly from the schools of Lexington and Philadelphia, thoroughly indoctrinated with the pecu-

liar opinions as to the origin and treatment of fever, entertained by two distinguished Professors filling the chairs of the practice of medicine in those schools; hence, in the treatment of fever, the lancet was frequently unsheathed, and calomel administered in large and repeated doses. When this failed to cure, ptyalism was resorted to; and that powerful anti-periodic, the Sampson of the materia medica in malarial fevers, quinine, was given in comparatively insignificant and feeble quantities. Up to this period, few if any had ventured to prescribe it in the heroic and jugulating doses of the present day."

The contrasted and gratifying picture to all this is given in the following terms by Dr. Farrar:

" Since then we have become better acquainted with the pathology and treatment of Southern diseases—we resort less to the lancet and heavy doses of calomel. We rely only on aperients, diaphoretics, opiates, salt water, enemata, cold drinks, sponging with cold water, affusions of cold water, sinapised foot baths, occasionally dry and wet cups and blisters; but above all, on the use of *quinine in sedative doses*. Since this change in practice, our intermittent and remittent fevers are more manageable, and even that terrible disease, *algid malignant intermittent* or congestive fever, has lost much of the horror it formerly inspired, and is far less intractable. But we are also exempt from many of the corroding cares and anxieties of 1833 and 1834, those years of speculation, when we were buoyed up one day with the expectation of riches by some lucky turn in the wheel of fortune, and the next, depressed by blighted hopes and ruined prospects. Now we enjoy more composure, we are better lodged and fed than formerly; our bodies are invigorated by labor and exercise; our supply of food is abundant, varied and wholesome, we are not constantly *upon the alert* for persons to victimise by bargain and trade; the days of banks and chimerical prospects have passed by, and now, *with few exceptions*, our citizens look not to lucky speculations nor to the placers of California, but to the bowels of our own soil, for gold. Most of the liquor-shops have been abandoned, demolished or converted to other purposes; and in every hamlet and town of the State, the Sons of Temperance have unfurled their banner, bearing on its ample folds the motto, '*love, purity and fidelity*.' They visit the habitation of the intemperate, carrying in their bosoms the feelings and sympathies of the good Samaritan, and on their tongues the language of love, and hope, and consolation. They admonish, they entreat the intemperate to abandon their habits, and flee the path that leads to ruin, disgrace, disease and death. Their friendly counsels make a deep impression, and frequently the inebriate is reclaimed, and goes forth again into society, with the sentiments, and aspirations, and dignity of man.

Now, acclimation, good food, pure water, exercise and temperance all contribute to render us less liable to disease ; and when it comes, the system responds more readily to medicine."

Dr. Farrar describes an epidemic of measles which began in January, 1849, and prevailed for some weeks ; and also one of erysipelatous fever, "the black tongue" of some writers, which appeared in February of the same year.

An overflow of the banks of Pearl river, on which the town of Jackson is situated, followed by a recession of the water, was productive of intermittent fever, from which scarcely a family escaped. Dr. Farrar, strengthening his remarks by the experience of Cleghorn, says, that "no disease is more disposed than tertian intermittents, to present anomalous symptoms, or to appear with a portion of the livery of other diseases." If it were necessary, this position might be still further strengthened by reference to Torti, Alibert, and others, who describe masked intermittents, (*febres larvatae*.)

The second report from Mississippi is an article on Epidemic Cholera in the vicinity of Natchez. By C. H. Stone, M. D. This will repay perusal, but we have room for only one extract :

"A comparison of the different reports will no doubt show *the almost simultaneous formation of the cholera poison throughout a great, if not the whole, extent of the valley of the lower Mississippi ; not travelling up the river from New Orleans, nor down from Memphis or Vicksburg, but like a vast, dread pall, impending over this great valley, and settling here and there, first on its heart and great trunk, then its numerous rivers, lakes, and extensive plains, shrouding thousands in death.*"

Following this paper is another on Epidemic Cholera and its Preventive Treatment. By G. S. Magoun, M. D. It has the merit of brevity. He designates it as "a crude essay." He is either too modest in thus underrating the value of his production, or he is too frank in telling his readers what little pains he has thought necessary to take for their edification.

Dr. Clemens, of Macon, Mississippi, relates an operation for the removal of one half of the inferior maxilla, for osteo-sarcoma. The subject was a negro, aged about thirty-seven years. Dr. C. first saw him in June, 1847, and learned that the disease had begun to show itself in February, 1845. The use of iodine was persevered in for nearly a year, but without any good effect. The general health was much improved under the use of tonics, prescribed by Dr. C. On the 12th of September, 1847,

Dr. Clemens performed the operation of removal of the diseased bone "by sawing through just beyond the angle on one side, and near the symphysis of the chin on the other." On October 14th the wound had entirely healed, and the patient was discharged, apparently quite well. This is the first chapter in a surgical operation beyond which the narrator sometimes forgets to publish. The second, far from being an uncommon one, tells a different story, viz. of renewed disease, declining health, and finally death. Dr. Clemens, with becoming honesty of purpose, continues the history of this case, by telling us of his having, in April, 1849, seen the patient, for such he had then become, who complained of severe pain in the ramus of the maxilla on the side from which the tumor had been extracted. The advice of Dr. C. to have the affected bone removed at the articulation, was neglected. The disease continued to make rapid progress—a tumor larger than a man's fist had grown out, and the integuments at the lower part were ulcerated, and a dark fungus protruded. This was the state of things in August, when Dr. Clemens performed another operation, after having placed the patient under the influence of chloroform, and the carotid artery tied, as a precautionary measure, at the point where it is crossed by the omo-hyoid muscle. The operation is thus described :

"I now made an incision, commencing over the articulation and carried downwards along the posterior margin of the tumor, terminating at a point about midway between the angle and symphysis. Another incision was then made, commencing just below the first, and carried along in front of it, (so as to include the cicatrix of the former operation,) and terminating with it. The tumor was now separated, as far as practicable, from its attachments, the capsular ligament of the joint divided—the tumor turned over from behind, forward, pressed downward, the temporal muscle divided at its insertion, and the removal was effected.

"The hæmorrhage was very trifling. The cavity was lightly filled with lint, and the edges of the wound brought in apposition with sutures and adhesive strips, and the parts supported with a light bandage. The healing process went on rather slowly, though by the fortieth day the wound was healed throughout. The ligature around the carotid came away on the twenty-fifth day. On the forty-second day from the operation the patient was again discharged, apparently quite well."

Notwithstanding these flattering appearances, in the course of three months the upper jaw on the same side became the seat of

disease, manifested by fever, and a tumor nearly the size of a hen's egg. The general health had again become bad. Under all the circumstances of the case, Dr. Clemens wisely declined any farther operation for the relief of the patient.

Dr. Joseph J. Pugh communicates a brief account of the "Artesian Springs" in Madison county, Mississippi. The water is *acidulated* chalybeate. Dr. Pugh bears testimony to its beneficial operation in various diseases—debility of the digestive organs, including diarrhœa and dysentery, also menorrhagia, amenorrhœa, fluor albus, functional diseases of the kidneys, unattended by inflammation; also in cutaneous affections, and in the distressing gastric irritation consequent on uterine diseases.

The first and only report from Tennessee is "On the Commencement, Prevalence, Fatality, Treatment, &c., of Pestilential Cholera, in Memphis and its vicinity; with the prominent facts bearing upon the unsettled question of its imported or domestic origin. By Lewis Shanks, M. D., of Memphis, Tenn."

Dr. Shanks advocates the contagious nature of cholera, basing his opinion on the facts observed by him and others, respecting the diffusion of the disease along the Mississippi and its tributaries. He writes:

"The question might fairly be asked upon this statement of facts—If cholera was not imported here from New Orleans—if it originated here from epidemic influence—why should nearly all the cases, for the first fifteen or twenty days, have occurred on a string of landing some two miles in length, contiguous to the steamboat channel, and no cases occur in the town, only a few hundred yards distant from the landing, but the two under the circumstances specified?"

From South Carolina, Dr. Thomas Y. Simons, of Charleston, sends a Report, which, by the way, first appeared in the pages of our able contemporary, the *Charleston Medical Journal and Review*, for September, 1849. It is entitled "Observations on the fever which is developed in the city of Charleston after exposure to the country air, during the summer and autumn, and which is hence called Country Fever."

The treatment of this fever is briefly sketched by Dr. Simons as follows:

"My plan is, if the bowels are confined to give a good mercurial purge of rhubarb and calomel, and upon the remission of the fever

to give two grains of quinine every two hours, until a sense of ringing in the ears or partial deafness ensues, or until the exacerbation supervenes—keeping the liver secreting by the use of blue pill every four hours during the day, and the bowels relieved when necessary, by injections; avoiding active cathartics, if possible. This plan is continued until the fever is arrested, which I have found generally to be after the second or third invasion. Sinapisms, blisters and rubefacients, or cold evaporating applications, are used likewise when indicated. I should not hesitate to use bleeding generally and topically during the exacerbation, but I deem these should be done in the earlier stage of the disease.”

The author offers some judicious remarks of a prophylactic nature, and concludes his paper by the following suggestion.

“It is, to ascertain the localities which are healthy and those which are liable to fevers—the means of preserving the health of those which are now healthy and of correcting and ameliorating those which are sickly. It is a noble and philanthropic object, and one which should bring forth the energies and observation of every intelligent physician in the State. The State Medical Association has appointed a committee as regards this subject, which committee, it is to be hoped, will receive ample materials of information in the different districts and parishes in the State.”

We can only state the fact of the appearance in these Reports, of an instructive paper on the Yellow Fever of Charleston, S. C., in 1849, by the editor of the Charleston Journal, in which it originally appeared.

Dr. Holmes, of Maybinton, S. C., gives his experience of the good effects of nitrate of silver, especially applied in anginose affections; of strychnine in paralysis; and belladonna in pertussis.

The next article is a brief notice of the organization and proceedings of the South Carolina Medical Association.

We may anticipate the collection and publication, in a few years, of an immense body of invaluable matter on the Medical Topography and Climate of the different sections of nearly every state in the Union, obtained through the methodical observations made by their Medical Societies.

Texas sends a report from Dr. Wright, surgeon in the United States Army, on “the Topography of San Antonio, and the epidemic cholera that prevailed there in the spring of 1849.”

Dr. Wright begins his paper by appositely remarking: “He

who would sit down to write a paper on Cholera Asphyxia, at the present day, finds himself in many essential respects, like him, who would indite a treatise on variola, or pertussis, or intermittent fever; or like him who is constrained to elaborate a Fourth of July oration, or a eulogy on General Washington." Still is Dr. Wright, writing from personal observation, worthy of being read.

Dr. Jarvis, surgeon United States army, sends his quota, in the shape of a "Report on the rise, progress and decline of epidemic Cholera in the valley of the Rio Grande." The remarks just made regarding Dr. Wright, applies to the author of this paper.

The portion of the volume before us, called *Excerpta and Miscellanies*, consists of 1. "Experimental Researches on the action of quinine, especially in large doses. A memoir submitted to the Academy of Science.—By M. Brecquet. Report of MM. Andral, Rayer, and Lallemand. 2. On the treatment of the West India remittents and intermittents by quinine. By Dr. D. Blair, of Demarara. 3. Does calomel really expel the biliary secretion? By Dr. Michea. 4. The law relating to the importation of adulterated drugs, medicines, and chemical preparations into the United States."

It is very justly remarked in the opening sentence of article 4th, "The medical profession, as well as the entire community throughout the Union, are greatly indebted to Dr. T. O. Edwards, late member of Congress from Ohio, for his indefatigable and finally successful efforts to procure the passage of this most salutary and important law." Our readers will see, by reference to our advertising sheet, that Dr. Edwards has returned to the ranks of the profession, and will bring his talents and attainments into the service of the Medical College of Ohio, in which school he has been appointed Professor of *Materia Medica* and Pharmacy.

Notices of the medical colleges of the south and south-west, and of American medical journals, conclude the volume of "*Southern Reports*."

The pains which we have taken to exhibit to our readers the chief features, and most interesting details of the first volume of Dr. Fenner's *Southern Reports*, are the best proof of our desire to see a second volume next year. It would be a source of pleasing reflection to us if we could believe, that the language of praise and occasional criticisms which we have uttered, will encourage him in his future endeavours, and furnish him with hints to make his subsequent course more easy.

Essays on the Puerperal Fever, and other diseases peculiar to Women; selected from the writings of British Authors previous to the close of the eighteenth century. Edited by FLEETWOOD CHURCHILL, M. D., M. R. I. A., &c. &c. Philadelphia: Lea & Blanchard, 1850. (*Reprint from the Sydenham Society's last publication.*)

Dr. Churchill's collection of essays, taken from the written experience of seven distinguished physicians, on the subject of puerperal fever, is in every way worthy the respect of the profession. The author has not only given us the various monographs on the disease, commencing with that of Dr. Denman on the sickness of 1768, and terminating with Dr. Gordon's well known essay on the epidemic puerperal fever which occurred at Aberdeen in 1789, but he has greatly enhanced the value of the work by adding to the selected matter a short, condensed, but very interesting historical sketch of the different epidemics of puerperal fever which have at different periods swept off the unfortunate inmates of the various lying-in hospitals of Europe. He commences with a description of the fatal effects of this disease, and the mournful impression produced upon his mind by witnessing its ravages; "a picture," he adds, "whose gloom is heightened by the inutility of all precautions to guard against its attacks, and, in the majority of cases, the utter failure of all attempts to arrest its progress, or to prevent its fatal termination."

Impelled by such feelings, Dr. Churchill has presented to the reader a selection of such works upon the subject as in his judgment is best calculated to afford a complete view of the disease in itself, and especially of the aspect it presents when it occurs epidemically; and not only so, but by selecting descriptions of the various epidemics of England, Ireland and Scotland, the various characters of the disease, and its particular modifications are illustrated by those who witnessed them.

Dr. C. disclaims all intention of compiling a treatise on puerperal fever, his sole object is to collect the principal facts connected with its history as given by persons who witnessed its desolating course, and thereby afford the student and physician of our own time an opportunity of comparing the symptoms, treatment and mortality of the different epidemics, in order, if possible to do

away with that one sided view of the disease which persists in asserting that child-bed fever is inflammation and nothing but inflammation, an infatuation which we sincerely hope has nearly satiated itself with human blood.

However, we will not anticipate our author, but suffer him in due time to speak for himself, not having the vanity to suppose, though we have often felt as he feels, that we can write upon the subject with the same force and clearness.

According to our author, the first undoubted epidemic of puerperal fever on record is that which prevailed in Paris during the winter of 1746; it was extremely fatal, attacking the poor, and proving much more fatal to those *in hospital*, than to those who were delivered at their own houses. Of twenty women, in February of that year, in the Hotel Dieu, scarcely one recovered; they died between the 5th and 17th days after their confinement. As the post mortem appearances described afford nothing particularly new to the instructed physician of the present day, we do not think it desirable to consume our necessarily confined space by quoting them.

The treatment of the disease is not given.

After this we have a long list of successive epidemics, as they have occurred in the different lying-in hospitals of Europe, but as they are little more than a list of dates without detail, either of symptoms or of treatment, of course it would be useless, in a general review, to do more than allude to them as a portion of the history, though their perusal, we make no doubt, would greatly interest the enthusiastic student of the result.

The author, however, quotes largely from a M. Tenon of Paris, who says that "two distinct forms of the disease were successively observed in the years 1774-5. One a simple form, which was cured by ipecacuanha," which we should be inclined to suspect was not the disease at all; "the other, a complicated form for which there was no remedy, so that there perished one of every seven of those who were attacked, and death took place from the sixth to the eighth day, and often much earlier.

The following quotation is a good description of the symptoms of the milder cases:

"The first symptoms manifested themselves twenty-four, thirty-six, or forty-eight hours after delivery, and sometimes, but rarely, in

the space of twelve hours. The symptoms of the simple puerperal fever are developed in the following order: rigor, slight pain in the kidneys, intestinal colic, which in two hours affects the whole hypogastrium, and gradually becomes more acute, pulse concentrated, fever moderate, lochia not suppressed, mammæ flaccid, tongue dry in the middle, covered with a yellow mucous on the edges, hiccup and vomiting of green colored matter. There was sometimes combined with these constant and characteristic symptoms, a diarrhœa of a bilious glairy matter, a considerable swelling of the hypogastrium, thirst, and remarkable retention of urine.

"In the complicated puerperal fever the pyrexia is more intense, with exacerbations; the tongue is black and dry, the belly is tense, distended and tympanitic and slightly painful. In some women the lochia have been either wholly suppressed or only diminished, others have experienced attacks of ophthalmia, in some the respiration was difficult, in general the blood showed the buffy coat.

"On opening the abdomen, the stomach, and intestines, particularly the small intestines, were inflamed, adhering to one another, distended with air and a yellow fluid matter. The uterus was contracted to its ordinary dimensions, and was seldom inflamed. I had occasion to dissect two; in one, the uterus contained a coagulum of blood; an infiltration of a milky appearance, or whey-like fluid, existed in certain women, in the cellular tissue surrounding the kidneys. Sometimes also a thick white cheesy matter was met with. When the lungs were gorged with blood, or inflamed, or emphysematous, an effusion of serum was found on each side of the chest. We did not observe the hemorrhages which occurred in the epidemic of 1664, and the uterus was not found dry and hard, and tumefied, as in that of 1746. In the epidemic of 1774 the lochia flowed, but they did not flow in 1746."

This valuable description blends together more than one epidemic, but as the disease is stated to have presented the same characters, the author has chosen to quote it in this place.

In the year 1782 the Royal Medical Society of Paris made a report to the French government on M. Doulcet's method of treatment, whose remedy it appears was an emetic of ipecacuanha, followed by a gentle purgative, which is said to have been very successful. This certainly leads us to infer that most of his cases must have been of a very mild character.

From the year 1765 to 1775, puerperal fever appears to have prevailed in Derbyshire and the adjacent counties. Butler describes it, but its course must have been unusually mild, as Dr. Butler states that "ten grains of rhubarb and ten of aromatic con-

fection, given every day until the stools became natural, never failed to effect a cure." He objects to bleeding, very naturally, as the affection he describes must have been comparatively trifling. Dr. Gordon's cases in the epidemic at Aberdeen, 1789, are mentioned, with the treatment, which every body knows was bleeding—prompt and decided bleeding—irrespective of the state of the pulse; but as Gordon's valuable treatise has been for years in the hands of every practitioner in the United States, and as it is reprinted in the book, we shall make no further comment on it.

"Dr. Gooch has furnished us," says the author, "with the experience of Dr. Lowder, who practiced in London about this time." He, Dr. Lowder, "thought that the inflammation was erysipelatous, and the fever typhoid. When the inflammatory symptoms were well marked, he permitted a few ounces of blood to be drawn, but if the symptoms were typhoid, bleeding was positively injurious, he mentioned it as the assertion of many medical men that *all* the patients who were bled died. When the fever was typhoid, he recommended bark, and mentioned two cases apparently hopeless which recovered by taking daily a gallon of the decoction."

In 1809-10 Hey lost eleven patients out of fourteen, only three recovering; this was before Mr. Hey adopted Dr. Gordon's plan of taking blood largely at the beginning; he afterwards by the blood-letting practice saved fourteen out of seventeen. This was certainly being very successful, but we are much inclined to suspect, (though we approve highly of the sanguineous depletion in some cases) that he had to deal with a much less fatal form of the disease than when he saved but three out of fourteen; medical gentlemen are very fond of parading their successes, but they are not always so ingenuous as to tell us *all* the causes of their success.

We must apologise for the length of this list of epidemics, but though it may weary the mind with its monotony, it has the advantage of showing us what an amount of difference of opinion exists in the treatment of this disease; how different the various epidemics are in character; and that although large abstractions of blood may in one case be the only means of saving our patient, yet in another, so far from being beneficial, they will only hurry the miserable sufferer to her grave.

The author makes frequent quotations from Dr. Douglas, who has given a good account of the epidemic of 1810-11, as presenting itself in the Dublin Lying-in Hospital.

Dr. Douglas describes three varieties of puerperal fever, 1st, the synochal; 2d, the gastro-bilious; and 3d, the epidemic or contagious puerperal fever. Dr. Churchill observes, "that he (Dr. Douglas) has drawn a marked distinction between ordinary and epidemic puerperal," and as his description serves to illustrate in a measure our author's views on this subject, we make the following extract of his quotation from Dr. Douglas.

"That form of the disease which I arrange under the third head, is really the contagious, or epidemical puerperal fever, and though agreeing with the others in the great leading symptoms, inflammation, pain, tumefaction, and tension of the abdomen, yet differing from them in many material characters. The sensorium here is seldom in any degree disturbed, whereas, in others, it is so frequently, and even sometimes is excited to a high degree of delirium. The pulse here is usually from the moment of attack, soft, weak and yielding, and in frequency often exceeds 160; whereas, in the first species it is full, bounding, and incompressible, and in the second, small, hard and concentrated, and in both moderately frequent. The eye, instead of being suffused with a reddish or yellow tint, as in the others, is here generally pellucid, with dilated pupil; the countenance, instead of being flushed as in the others, is here pale and shrunk, with an indescribable expression of anxiety; an expression altogether so peculiar that the disease could, on many occasions, be pronounced or inferred from the countenance alone. The surface of the body, instead of being, as in the others, of a high pyrexial heat, is here usually soft and clammy, and of heat not above the natural temperature; and not only is the skin cool, with clammy exudation, but the muscles to the impression of the finger, feel soft and flaccid, as if deprived of their vis insita by the influence of the contagion. Indeed, there is such prostration of strength and depression of vital principle from the very onset of the attack, that I must suppose the contagion to act on the human frame, probably through the medium of the nervous system."

The author again quotes Dr. D. as follows :

"The contagious puerperal fever of Dublin is, I venture to pronounce, neither more nor less, than a malignant fever of a typhoid type, accompanied with an erysipelatous inflammation of the peritoneal covering of the stomach, intestines and other abdominal viscera."

The history, or more properly, the sketch of the different epidemics, proceeds from one to the other with great rapidity; that which occurred in 1813, in the northern countries of England, so ably described by the late Dr. Armstrong, is alluded to as closely

resembling the Aberdeen and Leeds epidemics, all the cases presented the same incontestible proofs of inflammation, and blood-letting—early and copious blood-letting—seems to have been the only successful mode of treatment. “All who were seized with the disease died,—who were not bled at the beginning.” This is in accordance with the recorded statements of Hey and Gordon, and was doubtless excellent practice in those epidemics which displayed a strong inflammatory type.

The experience of Dr. Gooch is next adduced. Dr. Gooch agrees in all the principal points of treatment, but makes, however, a quotation from Dr. Farre, who states that “At the east end of London, not far from the river, this disease proved still more fatal. During the month of March, 1825, one surgeon lost seven, another four cases, in all of which the disease was treated at the instant of its formation by active blood-letting. A physician accoucheur who attended in consultation, told him (Dr. Farre) that, out of thirteen cases eleven died, that *all* which had been bled, died, and that the only two that recovered had not been bled, but were treated with turpentine.

Mr. Labatt’s account of the epidemic that prevailed in Dublin in the years 1819–20, is highly interesting, and is well worthy of attentive perusal, both from its intrinsic merits and the high character of the author.

Mr. Labatt used every effort to prevent the spreading of the contagion; the sick patients were separated from the sound ones, scourings, fumigations, and white washings were called in requisition, but all to no purpose, neither cleanliness, nor ventilation, nor the destruction of the utensils and furniture that had been used by those already smitten, seems to have checked the march of the disease, nor lessened its frightful mortality. Dr. Labatt says: “That from sad experience of this epidemic, I am satisfied that the contagion of typhus fever is capable of giving rise to puerperal fever; that puerperal fever is communicable from one patient to another, and also that it can be carried from the sick by an attendant to women in child-bed who were previously free from disease.”

This statement is strongly confirmatory of the opinion that there is a contagious form of puerperal fever. Such, we believe, is the opinion of most physicians of the present day.

An epidemic puerperal fever occurred in Vienna in the year 1819. The patients were attacked on the first, second, or third day after delivery; symptoms of inflammation of the peritoneum and uterus were always present. One patient died in six hours after she was attacked, others in twelve or twenty-four hours.

When the disease presents itself in so malignant a form, one mode of treatment is as good as another, or to speak more correctly, all treatment is equally useless, the powers of life give way at once, and we should imagine a man would as soon think of plunging his lancet into such a patient as he would of bleeding a corpse. "The very rapid putrefaction after death, the dissolved state of the blood, the strikingly soft and tender state of the whole bowels, the heart, lungs, liver, spleen, kidneys, and particularly of the uterus, indicated a colliquative, putrescent condition of the whole system induced by the disease."

Dr. Robert Ferguson's experience is given by one Methor, who states that in the general lying-in hospital, in the years 1835-38, every plan of treatment was tried—bleeding early and copiously, amongst the rest, without producing any good effect, or lessening in the smallest degree the mortality. Seeing that no treatment was of avail, the hospital was closed from May to November. Dr. Ferguson adds, "That the present year, 1838, has exercised an exceedingly fatal influence in every species of fever, all of which were of the low, or typhoid type."

An epidemic prevailed in Paris in the year 1829, in the practice of M. Desormeaux. Mr. Tonnellé, who has described the epidemic, traced the morbid lesions with great care in no fewer than 222 cases. We insert the following condensed summary of M. Tonnellé's statements given by the author, not because they contain any pathological novelty, but to show how perfectly they agree with the post mortem observations of our own country.

"In 193 there were traces of peritonitis; in twenty-nine, or about one-eighth there were none.

"In 197 cases, or about nine-tenths, he found morbid lesions in the uterus e. g., simple inflammation of the uterine veins and lymphatics, and softening and putrescence of the uterine parietes.

"In 62 cases the ovaries were inflamed.

"In 90 cases there was inflammation of the veins; in forty of the lymphatics alone.

"In 49 cases the uterus was softened, superficially in 29, deeply in 20.

"In 29 cases there were the usual evidences of pleurisy; in six others an effusion of blood, and in eight of serum into the pleural cavities.

"In 27 cases the lungs were affected, viz., in ten there was pneumonia; in eight, abscess; in four, tubercles; in three, gangrene; in two apoplexy.

"There were purulent collections in the muscles in fourteen cases; in the joints in ten; and in the cellular tissue of the pelvis in six cases.

"Abscess of the liver existed in three cases, and of the pancreas in two cases."

The author adds, that "M. Tonnellé divides puerperal fever into three varieties; the inflammatory, the typhoid, which was the most frequent, and the anomalous or ataxic. "The more active remedies were general bleeding, leeches, ipecacuanha and mercurial salivation." It appears that fully one-third of the cases died.

Next we have the observations of Mr. Ceely of Aylesbury, who has described an epidemic which occurred in that city and its neighborhood in the year 1831, during the prevalence of erysipelas, which exhibited a mild, a phlegmonoid, and a typhoid form, the puerperal seems to have assumed analogous characteristics.

Mr. Ceely says that he had no opportunity of making a post-mortem in the acute cases, from which we presume that they all recovered, which, under active treatment, as far as our experience goes, they generally will. He examined some of the typhoid cases, and found most of the usual appearances, which have been described so often that it would be waste of space and time to repeat them.

"A report of the secondary midwifery institution at Vienna, by Dr. Bartsch, was published in the *Lancet*, in which it is stated that of 2218 women delivered at that institution between October 15th, 1833, and December 31st, 1834, 175 had puerperal fever, of whom 109 died."

In this report puerperal fever is distinguished from peritonitis and metritis as will be seen from the following quotation.

"The cases of puerperal fever occurred seldom under the form of puerperal peritonitis, but generally as inflammation of the uterine veins, giving rise to the production of puss in these vessels, and the general symptoms accompanying its absorption."

We confess that we are glad to see this distinction made between peritonitis and malignant puerperal fever; it is most rational, and will at once account for the different success of different modes of practice, point out in what cases we ought to bleed without hesitation, and where it would be advisable to use a discriminating judgment, and spare the vital power which is already sinking but too rapidly.

The following quotation is from Dr. Beatty's Report of the Lying-in Hospital, South Cumberland street, Dublin.

"The hospital was visited by this terrible malady twice during the period embraced by the present report. Both attacks took place in the month of January, and at each time erysipelas was raging as an epidemic in the surgical hospitals, and diseases of a typhoid type were very prevalent in the city."

Dr. Beatty lost eight patients out of thirteen. M. Voillemier, Paris, 1838, describes two forms of the disease, the inflammatory and typhoid. The inflammatory form generally yielded to active antiphlogistic treatment, though occasionally it terminated fatally. In the typhoid form the patients rapidly sank at the end of a few days or hours. There was no regularity in either lochia or milk. In a few cases M. Voillemier thought he could trace the origin of the disease to contagion.

"Epidemics of puerperal fever occurred at Rennes in 1842 and 1844, and have been described by M. Betral. The lymphatics were principally implicated, the veins being unaffected. The disease sometimes terminated in forty hours, but generally not before the fifth day. The mortality in the first epidemic was twenty out of twenty-four, and in the second, twenty out of twenty-two. There were purulent deposite in the lungs."

The disease also appeared in the Westminster Lying-in Hospital in the year 1842, an account of which has been given by M. Buddy.

A slight sketch of some other epidemics is then given, but as we labor under the apprehension of making our article too long, we omit them, and proceed to give an extract by our author, from Dr. McClintock, Rotunda Lying-in Hospital, 1845. The Dr. thus enumerates the peculiarities of the outbreak :

"1st. The very sudden and unexpected manner in which the epidemic appeared, without any of those precursory warnings which

have usually preceded its invasion. 2d. The remarkable circumstance, that of the fourteen children of the women attacked, five died: one of rapid trismus, one of erysipelas, and three of convulsions. 3d. That out of the ten fatal cases, nine were examined post mortem, which examination revealed the most extensive morbid appearances, quite adequate to account for death. 4th. During the same period that puerperal fever was in our wards, erysipelas was very prevalent in some of the surgical hospitals throughout our city. 5th. It is worthy of remark what a small detraction of blood was sufficient to bring on syncope in this epidemic. Nearly every case was bled as soon as the system had rallied from the rigor; but only one woman (who recovered) bore the loss of so much as fifteen ounces, whilst from six to eight ounces was about the average."

There are some other epidemics historically mentioned, but we presume that enough has been given to show the nature, and even to convey some slight idea of the merits of the article which cannot be appreciated too highly; though short, it must have cost the author much labour and research; and though he admits that the list is in all probability imperfect, yet we agree with him cordially that, so far, it is more complete than any with which we are acquainted. We recommend the careful perusal of it to all practitioners, along with the tables of the various epidemics, which the author has been at the pains to give us, in order to render it more intelligible, but which for obvious reasons could not be inserted here.

Having finished his summary, the author concludes with some few observations, rather as suggestions, to induce his readers to follow up the subject than as absolute inferences. They appear to us to be so judicious, that we shall make no apology for giving some of them, and as we before gave our readers a promise to that effect, we shall give them in Dr. Churchill's own words.

"I would remark then, in the first place, that there appears some especial connection between the epidemics of puerperal fever, and lying-in hospitals. I do not mean exactly to assert that these epidemics always originate with, and are kept up by, the hospitals; but I refer to the fact that we have no record of any epidemic independent of them in early times. The first in France, England and Ireland, occurred in the Hotel Dieu of the former, and the lying-in hospitals of the latter countries, and though our earlier authors allude to inflammation of the womb, &c., occurring in child-bed, they make no mention of its prevailing extensively as an epidemic."

The author then alludes to the almost universally admitted fact, that puerperal fever is always, or almost always, connected with local diseases, but adds that Dr. Copland, in an excellent article, has denied the universal presence of inflammation in the malady, and states that in one epidemic the only pathological characteristics observable were a remarkable alteration of the blood, general lacerability of the tissues, or loss of their vital cohesion soon after death. He adds, however, that such cases are rare.

We proceed with the author's remarks :

"I repeat my conviction that there are few if any cases of puerperal fever without local disease of the organs employed in parturition or the neighboring tissues ; but are we therefore justified in asserting with Dr. Lee that puerperal fever is simply a local affection ?

"I have latterly seen reason to doubt the truth of the view I formerly took, which was in accordance with that of Dr. Lee, and though I would wish to express myself cautiously and guardedly, I must honestly avow, that whilst I fully admit the existence of local disease, I do think that epidemic puerperal fever is something more than that, although I may not be able to define exactly what it is.

"We should be justified in this supposition I think on several grounds. First, the very remarkable variety of opinion as to its nature, would go far to prove that it cannot be the simple local disease Dr. Lee believes. For example, by some it is regarded as an inflammation of the uterus ; by others inflammation of the omentum and intestines ; by a third party as peritonitis ; by a fourth erysipelatous inflammation ; by a fifth and sixth as a fever *sui generis*, or with biliary disorder ; by a seventh as a disease of a putrid character, &c. Such different views are hardly reconcilable with the notion of a simple inflammation."

We have long been of precisely the author's opinion, but he does not appear to have any very distinctly defined idea on the subject, and indeed the difference of opinion is so great, that it is hard for a man who seeks truth and not the gratification of his vanity, by the exemplification of some favorite dogma, to bring his mind to a conclusion. The arguments remind us forcibly of the history of theameleon. The author proceeds with the following remarks.

"Then again look at the prevailing characters of different epidemics, and see how varied they are ; in one the lochia are suppressed, in another they are profuse, in a third unaltered ; diarrhoea is common in one epidemic, constipation in another ; typhoid symp-

toms in one, ordinary fever in another. And as to remedies we find even a greater diversity: one very high authority recommends saline purgatives; another loses all his patients until he bleeds largely at the commencement; another loses those who are so bled. Calomel is the universal remedy in one epidemic, opium in another.

“Lastly, let any one compare a case of simple inflammation of the womb or peritoneum in child-bed, with a case of epidemic puerperal fever, their symptoms, course, and the effect of remedies, and I do not think that a doubt will remain upon his mind that, although the latter is a local disease, it is not exclusively so.”

The author then enquires, what more is it than a local disease? discusses the peculiar effects of uterine phlebitis, states Mr. John Hunter's opinion that phlebitis destroys life by the extension of inflammation to the heart, a position which Dr. Arnott's investigations disproved, showing that it was probably owing to an alteration in the quality of the blood. “M. Bouillaud, in 1825, attributed the typhoid symptoms in phlebitis to the mixture of pus with the blood.” Analogous results have been produced by injecting putrid matter into the system, and “Guthrie's descriptions,” says Dr. Churchill, “of the characteristics of irritative phlebitis symptoms, &c., are very like those of puerperal fever.”

Many authorities are quoted in support of the plausibility of the position that puerperal fever, occurring as an epidemic, is neither more nor less than typhus, modified by the peculiar condition of the female at the parturient time, and it is natural enough to suppose that those organs and their investments more immediately concerned in the process of labor, should, be most liable to be affected by the vitiated condition of the general system, and take on an unhealthy inflammatory action, producing all that local mischief which Dr. Lee and others have maintained is the whole disease.

When we take into consideration the fact that typhus and erysipelas frequently appear together, and during the same atmospheric conditions, the supposition that the local affection is of an erysipelatous character, is extremely plausible.

The following quotation from Mr. Nunnally, is corroborative of the author's opinion on this subject.

“It is highly probable, if not certain, that there is some change produced in the state of the blood, which change may depend upon alterations we are unable at present to appreciate, but which it is

likely occur in many tissues, and may thus affect the mass of the blood more or less quickly, and to a greater or less extent, according to the influence they have upon, and the connection they have with the blood in a state of health."

The important subject of contagion is then discussed—various high authorities, both for and against the contagiousness of child-bed fever, are quoted; the author does not seem to be fully satisfied on this subject, but all that he says has been before the medical public so often, that we think it unnecessary to trouble our readers by calling their attention particularly to his opinions. They are, nevertheless, worthy of great respect, and may be read with advantage. One observation we quote as follows:

"As in all cases where a disease is epidemic, it is and must be a difficult thing to decide as to the contagiousness of puerperal fever; still I confess that the facts would lead me to the inference that, at least, it is communicable from a woman laboring under it to others in the same ward."

These remarks naturally lead to the consideration whether puerperal fever can or cannot be conveyed by a third party in health, from a person laboring under it to another person in child-bed. This is a subject of momentous importance to the practitioner of midwifery, and one which we heartily wish could be determinately settled; if it be as some have thought, (Gordon amongst the rest) that the medical attendant himself carries death into the chamber of his confiding patient, every conscientious man who meets with a case of puerperal fever, of a typhoid character, must be subjected to a fearful anxiety, for he must either continue his practice at the conscious hazard of destroying those entrusted to his care, or he must impoverish himself by abandoning his professional duties, a hard alternative to a man dependent for his living on such exertions.

Dr. Churchill does not seem to have settled this question either way to his own satisfaction, and certainly does not satisfy his readers; he says:

"So far as the weight of opinion goes, it is in favor of contagion, but I think we are scarcely yet in a position to speak quite positively."

After quoting many anecdotes of cases, in which the authors (men of high repute) assert that in their judgment the epidemic

was conveyed by the attending physicians from the sick to healthy women, he makes the following commentary : “ ‘ Post hoc ’ is not always ‘ propter hoc,’ however, and we must not forget that puerperal fever was epidemic at the time.” This remark has particular reference to some cases which occurred in Edinburgh in 1821–2.

The author winds up with the following remarks :

“ The evidence and proofs thus adduced are of extreme importance, and I fear we must conclude, however reluctantly, in favor, not only of the contagiousness of puerperal fever, but of the possibility of its contagion being carried by an intermediate party. This makes the practice of midwifery doubly distressing during the prevalence of an epidemic, and ought deeply to impress us with the necessity of the utmost care and caution.”

The article closes with the following quotation from Dr. Copland.

“ An obstetric physician should not make an autopsy of a case of puerperal fever or of erysipelas, or of peritonitis, or of diffusive inflammation of the cellular tissue, or of the disease occasioned by the necroscopic poison; nor even attend, dress, nor visit any of such cases without observing the utmost precaution with regard to ablution and change of clothing, and allowing two or three days to elapse between such attendance and midwifery engagements, or visits to puerperal females.”

We have thus traced, as connectedly as our space would admit of, the original portion of Dr. Churchill’s book, viz., the historical sketch of puerperal fever. The essays, though never before published together, have been in the hands of the profession many years, and have been reviewed and commented on so frequently, that further notice of them would be

“As tedious as a thrice told tale
Vexing the dull ear of a drowsy man.”

We will only add that the work as a book of reference is invaluable, and ought to form a part of every medical library.

THE MEDICAL EXAMINER.

PHILADELPHIA, AUGUST, 1850.

ASSIMILATED RANK.

On motion of G. C. M. ROBERTS, M. D., the following preamble and resolutions were unanimously adopted by the "Medical and Chirurgical Faculty of Maryland," at its convention, held June 5, 1850:

Whereas, Success in the medical profession requires intelligence, sound morality, and competent knowledge of the principles of medicine, as well as liberal education; and, *Whereas*, humanity and patriotism alike demand that all our fellow citizens who serve the Republic in the Army and Navy should be, when sick or wounded, accompanied by physicians as well instructed as any our country affords; therefore

Resolved, That the critical examination of candidates for admission into the Medical Departments of the Army and Navy tends to the improvement of medical education, and to secure competent medical officers in the military service of the country.

Resolved, That properly qualified members of the medical profession are *socially* the equals of members of any branch of the Army and Navy, and therefore should be assigned by law a respectable position in every military community.

Resolved, That the "MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND" regards with approbation the law of the United States which confers military rank upon medical officers of the ARMY, because it secures them an equality of rights and privileges with officers of other staff departments.

Resolved, That the "Medical and Chirurgical Faculty of Maryland" earnestly recommend that a similar law be enacted by Congress to place officers of the medical department of the NAVY on an equality of rights and privileges with other officers of this branch of the national defence.

Resolved, That the Secretary of the Faculty be, and is hereby directed to transmit immediately, copies of these resolutions, properly signed by the officers of the Faculty, to the Secretaries of War and of

the Navy, through the chiefs of the medical department of each service at Washington, and to the President of the Senate and Speaker of the House of Representatives of the United States, in order that the attention of Congress may be invited to the subject.

From the minutes.

WM. H. DAVIS, Secretary.

Extract from a pamphlet on "Assimilated Rank in the Navy," by a (presumed) Passed Midshipman.

"A law of Congress entitled, An Act for the better government of the Navy, approved April 23d, 1800, provides for the distribution of prize money according to the rank of officers in the Navy and Marine corps. Article 1st, provides for the proportion of commanders of fleets and squadrons, and commanders of single ships. Article 2d, provides for sea-lieutenants, captains of marines, and sailing masters. Article 3d, provides for chaplains, lieutenants of marines, surgeons, pursers, boatswains, gunners, carpenters, and master's mates.

"In each of these cases the order in which the different grades are enumerated, and the amount of prize money conceded, is indicative of the rank of the officer specified. Being a law of Congress, fully approved, it is as much a supreme law as any other portion of the existing naval code of which it forms a part, is in full force, and can only be repealed by the passage and approval of another act."

Whether the complement from this association or classification is in favor of the "boatswains, gunners, carpenters, and master's mates," or in favor of "chaplains, lieutenants of marines, surgeons, and pursers," is a question not discussed by our author, who seems to be satisfied that the law is good and sufficient, and that *his* reading is the true one.

R.

RESIGNATION OF PROFESSOR DUDLEY.

We learn, from the *Transylvania Journal of Medicine*, that Prof. B. W. Dudley has resigned the chair of Surgery, which he has occupied for more than a quarter of a century. Dr. Dudley is well known as one of the most distinguished surgeons of our country, and is especially celebrated for his unprecedented success in the operation of lithotomy.

LIEBIG, the distinguished chemist, is about to visit the United States, and contemplates giving a series of lectures in the various cities.

From the N. Y. Medical Gazette we glean the following items of medical news :

RESIGNATION OF PROF. MOTT.

Dr. Valentine Mott, professor of surgery in the University of New York, has tendered to the proper officers his resignation. The cause which led him to take this step, was the appointment of Dr. Detmold to the chair of Theory and Practice. Dr. Mott, it appears, was in Europe at the time, and transmitted his resignation, conditioned upon the continuance of the appointment of Dr. Detmold; whereupon Dr. Detmold promptly resigned the chair to which he had been appointed, and it is understood *both* resignations have been accepted.

Dr. Hull, of Baltimore is about to issue a new monthly paper, to be entitled the "Baltimore Medical and Surgical Journal."

Dr. Van Buren, of New York, has lately removed successfully an ovarian tumor, of fibrous character, by the large abdominal section. The same surgeon has successfully performed amputation at the hip joint.

The Medical Faculty of the University of New York have published an official invitation for applications to fill the two vacant chairs in that institution, viz., the Professorship of the Principles, Practice and Operations of Surgery, and that of the Institutes and Practice of Medicine.

HOMŒOPATHY CONDEMNED BY THE LAW.

Marine Court.—Before Judge Lynch. Homœopathy.

E. Rossi Corsi v. Max Maretzek.—To recover \$100, balance for services as singer at the Opera House, the defence to which was that plaintiff had incurred a forfeiture of \$100 by not performing, or personally giving notice of illness, under certificate of the Doctor of the Opera House, on February 23, agreeable to the regulations already referred to. The decision in this case as to Homœopathic physicians having been somewhat misunderstood, we give the portion of the opinion which refers to it.

"The Court, after stating that it was shown by physician of plaintiff, and who it is said was proved to be a regular M. D., that plaintiff was unable that night to perform, and expressing its concurrence in the view

that at such an establishment as the Opera House, strict discipline should be maintained, and the penalties upheld, says : ' But I feel bound to regard the rule of evidence which requires in cases of penalty and forfeiture, strict proof of its being incurred—the objection to the evidence of the attending physician is technical and strict, and before defendant can avail himself of it, he must show that he has fully complied with what was to be done on his part. The rule stuck up at the Opera House is in these words : ' *Sickness must be proved by the doctor employed by the director.*' Now, though it is proven there was a notice posted up in the Opera House that Dr. Quinn was employed by the director, yet *it has not been proved on this trial that Dr. Quinn was a doctor, or that he had taken a degree as Doctor of Medicine, or that he was authorized by the Medical Society, or had a regular license to practice, which I think was necessary in order to constitute him a doctor, and to show a regular appointment under the rule, and which I do not feel at liberty in such cases to supply by inference.* So far as there is evidence on the subject, it went to show that *Dr. Quinn practiced upon principles of homaopathy, and that such practitioners are not recognized by the faculty of medicine, nor by a majority of the public, as regular practitioners.* Under these circumstances, I am of opinion that plaintiff was authorized to make proof of his sickness by his attending physician ; and as such proof was made to my satisfaction, I think the plaintiff is not subject to the fine, and give judgment in his favor for \$100, the amount.' "

DEATH OF THE PRESIDENT OF THE UNITED STATES.

This melancholy event, which has shrouded our land in mourning, took place under circumstances which are well calculated to illustrate the importance of a much stricter regard to the laws of health and life, of which we have taken occasion to speak in a former number of the *Gazette*, than is usually exercised on the part of aged persons, whose vitality is inadequate to sustain a severe shock of disease.

It has been stated in the newspapers, that the death of Gen. Taylor was caused by a bilious remittent fever of congestive character, superinduced by an attack of Cholera Morbus. But what were the pre-existing causes to which the onset of this latter disease is to be ascribed ? On the same authority we learn that the illustrious chief passed the day in a crowded assembly participating in its celebration by exposure to a temperature of near 90° in the shade, until he returned home in a state of exhaustion and hunger, which prompted him to indulgence of

a full meal, of which he felt urgent need. Of the extent of this meal, and the variety of dishes of which he partook, we have not been accurately informed, but it is stated that he ate heartily of *boiled cabbage, stringed beans, cucumbers, cherries and other raw fruit, with milk*, while his system had been enfeebled by long fasting, toil and heat, as well as by the excitement incident to the occasion.

That such a meal, under such circumstances, by a man of 66 years of age, was indiscreet, cannot admit of a doubt, even if these several articles were eaten in moderation as to quantity. Digestion and nutrition of such a medley of ingesta, were wholly out of the question, and hence all these combustibles became subject to chemical laws; and fermentation in the stomach, and the subsequent explosion called Cholera Morbus, might have been predicted with certainty, especially in a temperate man, who habitually abstained from stimulating drinks, as did General Taylor.—*N. Y. Med. Gaz.*

MACLISE'S SURGICAL ANATOMY.

We have received from the publishers, Messrs. Lea & Blanchard, the third number of this admirable reprint, containing the Surgical Anatomy of the Inguinal and Femoral Regions most graphically depicted. We are obliged, for want of room, to postpone the critical examination of it until a future number. In the meantime, we feel safe in saying, that it contains the best exposition of the different varieties of hernia that we have ever met with.

Dr. T. O. EDWARDS, of Cincinnati, has been appointed Professor of Materia Medica and Pharmacy in the Medical College of Ohio.

We regret to learn the death of DR. JOHN T. SHOTWELL, Professor of Anatomy in the Medical College of Ohio. He is said to have died of Cholera.

ERRATUM.

The word *spasmodic*, in the third line of Dr. SLUSSER's article on Nitrate of Silver, should read *sporadic*.

*Deaths in Philadelphia from June 22d to July 20th, 1850. Reported
by Mr. JAMES AITKEN MEIGS, Student of Medicine.*

Diseases.	Ad'ts	Chil.	Diseases.	Ad'ts	Chil.
Anæmia,	0	1	Fever, typhoid	3	3
Aphthæ,	0	3	“ typhus,	3	1
Apoplexy,	14	0	Fracture of skull,	0	2
Asphyxia,	0	2	Gangrene of foot,	1	0
Asthma,	0	1	“ lungs	1	1
Burns and Scalds,	1	3	Hæmoptysis,	1	0
Cachexia,	0	1	Hemorrhage from gums,	0	1
Cancer,	1	0	Hernia,	3	0
“ breast,	1	0	Hydrocephalus,	0	36
“ liver,	1	0	Hydropericardium,	1	0
“ stomach,	3	0	Hydrothorax,	1	1
“ throat,	1	0	Inanition,	0	7
Caries of spine,	0	1	Inflammation of brain,	6	25
Casualties,	7	9	“ bronchi,	4	6
Cholera,	4	0	“ heart,	1	1
Cholera infantum,	0	211	“ kidneys,	1	1
“ morbus,	7	5	“ larynx,	0	3
Concussion of brain,	0	1	“ liver,	2	1
Congestion of lungs,	0	4	“ lungs,	5	15
“ brain,	3	13	“ peritoneum,	1	1
Convulsions,	1	60	“ stom. & bowels,	5	14
“ puerperal,	2	0	“ uterus,	2	0
Croup,	0	4	Intemperance,	3	0
Cyanosis,	0	3	Intussusception,	1	0
Debility,	3	11	Jaundice,	0	2
Dementia,	1	0	Malformation,	0	4
Diabetes,	2	0	“ of heart,	0	1
Diarrhœa,	13	30	Mania-a-potu,	9	0
Disease of brain,	2	11	Marasmus,	1	42
“ chest,	0	1	Measles,	0	4
“ heart,	7	1	Old age,	19	0
“ liver,	0	1	Palsy,	4	0
“ lungs,	0	4	Perforation of intestines,	0	1
“ spine,	0	1	Phthisis pulmonalis,	44	16
“ stomach and bowels,	0	6	Pertussis,	0	13
Dropsy,	5	3	Poisoning,	0	1
“ abdominal,	1	0	Scirrhus of liver,	1	0
Drowned,	7	9	Scrofula,	0	3
Dysentery,	22	43	Small pox,	3	6
Effusion on brain,	1	9	Still born,	0	47
Enlargement of heart,	1	0	Spina bifida,	0	1
Epilepsy,	1	0	Spasm of intestines,	0	1
Erysipelas,	0	3	Suicide,	2	0
Exhaustion,	0	1	Sunstroke,	0	1
Fever,	2	2	Tabes mesenterica,	0	2
“ intermittent,	0	1	Teething,	0	2
“ puerperal,	2	0	Tetanus,	1	0
“ remittent,	3	2	Tuberculosis,	0	4
“ scarlet,	2	32	Tumor of larynx,	0	1

Diseases.	Ad'ts	Chil.	Diseases.	Ad'ts	Chil.
Ulceration of throat	0	1	Violence,	1	0
“ bowels,	2	0	Wounds,	0	1
Unknown,	5	9			
				258	776

Total, 1034

Of the foregoing the ages were as follows :—

Under 1 year,	-	-	-	470
From 1 to 2,	-	2,	-	152
2 - 5,	-	5,	-	67
5 - 10,	-	10,	-	45
10 - 15,	-	15,	-	18
15 - 20,	-	20,	-	24
20 - 30,	-	30,	-	66
30 - 40,	-	40,	-	55
40 - 50,	-	50,	-	38
50 - 60,	-	60,	-	38
60 - 70,	-	70,	-	28
70 - 80,	-	80,	-	25
80 - 90,	-	90,	-	6
90 - 100,	-	100,	-	2

1034

Included in this number, are 66 from the Almshouse, 16 from the surrounding country, and 18 people of color.

RECORD OF MEDICAL SCIENCE.

SURGERY.

Self-inflicted wound of the throat, laying open the Œsophagus—Recovery. (Under the care of Mr. Adams.)—Wounds of the throat in persons who attempt to commit suicide, may be of a trifling kind, or cause death instantaneously, either by hæmorrhage or suffocation. There are between these two extremes a great variety of lesions resulting from self-inflicted wounds of the throat, placing the patient in a more or less dangerous situation; among these, the complete division of the thyroid and cricoid cartilages, with a subsequent wound of the œsophagus, are looked upon as extremely hazardous, and the management of such cases requires great care and nicety. It is, however, satisfactory to notice, that an enlightened and close attention to the treatment may triumph over the numerous difficulties which lie in the way of recovery when the wound is of the above mentioned destructive descrip-

tion; and it is our pleasing duty to record a case, lately under the care of Mr. Adams, where favourable results were obtained.

From the notes of Mr. Ball, the house-surgeon, who very courteously afforded us frequent opportunities of seeing the patient, we are enabled to give the following details. On the 28th of February, 1850, a man, about twenty-five years of age, of thin, spare make, and a salesman by trade, was admitted into the hospital with an oblique incision in the anterior part of the throat, extending from above the thyroid cartilage to the fourth ring of the trachea. Both the thyroid and cricoid cartilages, and the three first rings of the trachea, were divided; the knife had passed between the sterno-hyoid and sterno-thyroid muscles, and had slightly lacerated them at their inner edges; the isthmus of the thyroid body was laid bare, but not divided. This desperate wound was inflicted by the patient's own hand while under considerable excitement, with a common table-knife, about an hour previous to admission. The hæmorrhage had been considerable, but had ceased when the patient entered the hospital; the lungs, however, contained a large quantity of blood, which had passed into the trachea, and this fluid, excited by its presence in the lungs, constant cough, with expectoration of the blood through the wound in the throat.

This fact again proves how seldom the suicide succeeds in wounding the common carotid artery or jugular vein, the hæmorrhage mostly proceeding from some of the primary branches of the external carotid. Here it would appear, that the violence used was expended upon the division of the hard bodies above mentioned, viz., the thyroid and cricoid cartilages, the rings of the trachea, and, as will be seen below, part of the œsophagus, these organs being probably rendered prominent by the head having been thrown backwards. The cut was likewise an oblique one, and was therefore less likely to reach to a greater distance posteriorly.

The patient, under these circumstances, was immediately put to bed, his head and shoulders were raised by means of pillows; a silver tube was passed into the trachea to facilitate the ejection of the blood; and lint, wet with cold water, applied to the wound. Mr. Adams saw the patient a few hours after admission, when the breathing was much easier, a large quantity of blood having been expectorated through the tube. Mr. Adams approved of what had been done, and ordered thirty drops of tincture of opium to be given to the patient without a vehicle, so as not to tax the powers of deglutition; but he swallowed this small quantity of fluid with great difficulty, and the attempt excited a violent fit of coughing. The patient made, towards the evening, several unsuccessful attempts to swallow small quantities of milk, but the greater portion of it passed into the trachea and caused violent cough; the milk, at the same time, escaping by the wound in the windpipe.

These phenomena confirmed Mr. Adams in the previous suspicion of wound of the œsophagus; the canula was therefore removed from the wound in the trachea, and an attempt made to pass a flexible tube into the stomach; this was, however, found impracticable, for the tube invariably passed through the wound in the trachea, instead of gliding down from the pharynx into the œsophagus, and excited an alarming amount of irritation. No doubt now remained regarding the wound

having reached the œsophagus ; and as no tube could be passed into the stomach, Mr. Adams had recourse to enemata for nourishing the patient. A pint of beef-tea was therefore injected ; the man was allowed to moisten his mouth with a wet rag, and as he breathed quite freely through the wound, it was not thought advisable to replace the canula into it.

This method of administering food by the rectum is invaluable in such cases, and the patient owes his life to this measure ; it is a pity that it is not invariably adopted in analogous circumstances. The case of a child, for instance, was lately mentioned at the Surgical Society of Paris, who had died of inanition. The little patient had had tracheotomy performed upon him to ward off impending suffocation from croup ; as the food subsequently passed through the opening in the trachea, the œsophageal tube was thought of, but could not be used, owing to the inflamed state of the larynx ; the child died. It is not too much to suppose that the child might perhaps have been saved by nourishing enemata.

The difficulty of deglutition in Mr. Adams's patient went on increasing on the second day ; even the swallowing of his saliva gave him great pain ; he was therefore ordered half a pint of beef-tea to be injected into the rectum three times daily. In the night the patient spoke once or twice in a whisper ; but strict silence was enjoined, as the effort of speaking excited fits of coughing, which left him greatly exhausted. The bowels having been relieved on the next day after admission, Mr. Adams ordered thirty drops of the tincture of opium to be administered in a starch enema of one ounce, towards the evening, to procure rest. The patient was likewise removed into a private room, as the cold air excited cough. This change to a higher temperature proved very beneficial ; the irritation about the air passages diminished considerably ; there was much less cough ; and a very evident improvement was noticed in the patient's countenance. He, however, was much tormented with thirst, to satisfy which, Mr. Adams ordered an enema composed of a pint of cold milk, and directed a small piece of ice to be placed in the patient's mouth. The wound, in the meantime, went on very favorably, and was dressed solely with lint dipped in cold water.

On the fifth day the patient was able to speak in a whisper without pain or exciting cough, and there was great improvement ; he was nourished entirely by beef-tea and milk enemata, with the administration of thirty drops of tincture of opium by the same means every night, the bowels being kept regular. On the eleventh day after admission, he began to take a small quantity of bread and milk by the mouth, which he succeeded in swallowing without any difficulty. The wound had in the meantime rapidly filled up, and was now about one-fourth of its original size. Beef-tea, milk, rice-pudding, and porter, were soon taken by the mouth, and the patient improved rapidly up to the twenty-third day after the rash act, when symptoms of constitutional disturbance appeared, and pain was complained of both in the head, neck, and shoulders. A purge of calomel and rhubarb, and a blister to the temples, did not succeed in removing these symptoms ; the tongue became tremulous and the pulse weak ; the patient was therefore prescribed bark with half a grain of hydrochlorate of morphia at night, and by the assistance of wine, porter, &c., he regained his strength ; the wound

healed completely, and the patient was discharged in a very satisfactory condition forty-one days after admission. He was still holding his head rather erect, however, and his voice was somewhat indistinct; but it is to be supposed that with the eventual perfect consolidation of parts within the trachea, and subsequent absorption of exuberant fibrinous deposits, the voice will regain its former tone. It will be noticed that no vessel required tying, and that no secondary hæmorrhage took place; and as certain, not unimportant, branches of the external carotid *must* have been divided, the fact of the cessation of the bleeding will be an additional illustration of the retracting power of arteries, when completely divided. Nor should it be passed unnoticed how well was exemplified in the foregoing case the propriety of avoiding plaster and sutures, as is generally advised by systematic writers when treating of wounds of the thorax.—*Lancet*.

Strabismus.—*Division of the Rectus by means of Lane's Knife made by Savigny.*—Every improvement in surgery is interesting, and we eagerly seized the opportunity afforded us by the kindness of Mr. Gay of seeing this instrument used. It is a small curved bistoury, with a partially blunt point. The patient was a little girl. Placed under the influence of chloroform, Mr. Gay, having fixed the eye, introduced the knife by the under side of the rectus, and, holding it flat, passed it vertically on. Owing to its peculiar construction, it went close under the tendon, the point becoming prominent on the other side. On this the operator placed his finger, turning the knife up, when it cut its way out. A second touch of the knife was required, whereupon the globe of the eye instantly resumed its normal position. As nothing can be more simple than this instrument, we sincerely wish to see it tried still further. Its advantages, we are given to understand, are, that from its construction, its point will pass through all the textures external to the sclerotic, but that no force can make it penetrate this membrane.—*London Med. Times*.

OBSTETRICS.

Cases of Pregnancy, notwithstanding previous severe injury to the organs concerned in Childbirth. By DR. LEOPOLD, of Meeran, Schonburgh.—*Case 1.*—Mrs. — was delivered with instruments, on the 1st of January, 1843, by an experienced accoucheur, and suffered considerably from ischuria on the following day. On the 6th, Dr. Leopold saw her in consultation. A large hard tumor, tender to the touch, filled the greater part of the vagina. The nature of this tumor was doubtful, and continued so until the 9th inst., when, having taken a strong purgative, she felt during its action a substance pass from the vagina. Copious hæmorrhage occurred, followed by syncope. On examination the prolapsed and inverted uterus was found between her thighs, lying in a pool of blood, urine and fæces. It was immediately washed and returned. The hæmorrhage ceased; the fundus uteri could

be felt beneath the abdominal parietes. The patient was confined to the recumbent posture for many weeks. She perfectly recovered her health, and was delivered of another child two years afterwards without instrumental aid. In this case it is possible that partial inversion of the uterus may have been occasioned at the time of delivery by adhesion of the placenta, and that the subsequent accident converted this into complete inversion and prolapsus.

Case 2.—Mrs. —, the mother of five children, was in labor on March 30th, 1844. The arm presented, and it was necessary to turn. During the operation the patient exclaimed that she was suffering excruciating pain in the left side of the pelvis. She threw herself about in the most inconvenient positions just as Dr. Leopold had reached the foot. Much care was required to complete the delivery, as the pains also flagged. The placenta was expelled without hæmorrhage. At midnight of the same day Dr. Leopold was summoned to her, and found her lying with all the symptoms of severe hæmorrhage, but only a few ounces of blood were found in the bed. On passing the hand into the vagina several large coagula were expelled. The uterus was found lying over to the right side of the pelvis. The os uteri was open, and the uterus contained some coagula, which were quickly expelled by the contractions of the organ from external and internal stimulation. On the left side of the vagina, the hand entered a large sac full of blood. The orifice of this sac was about an inch from the os uteri, and was sufficiently large to admit the hand without force. Its walls were formed by the iliac bone, by the abdominal parietes, as high as the crista ilii, and by the iliacus internus muscle. A large quantity of coagulated blood was removed, and further hæmorrhage restrained by continued external application of cold. The patient refused all internal remedies. The prognosis was unfavorable. The extent of the injury indicated a remote origin; and, on inquiry, it was learnt that the patient had suffered from pain in the left side and hip during the whole period of her pregnancy, but had been compelled to follow her work at the loom.

The pains during labor were frequent and violent. A short time before the rupture of the membranes she had experienced a sensation as of a sudden and painful giving way of the parts on the left side. She had suffered from peritonitis after her previous confinement. A chronic abscess had no doubt existed in this spot, and was ruptured during labor by the force of the pains and the cross position of the child. The patient had again on this occasion an attack of puerperal fever, from which she recovered in three weeks. A purulent discharge continued for upwards of three months, after which she perfectly regained her health and strength, with the exception of diminished power in the left hip joint. Two years afterwards she was again confined, without any unfavorable occurrence.—*Lond. Med. Gaz.*

PATHOLOGY AND PRACTICE OF MEDICINE.

KING'S COLLEGE HOSPITAL.

Continued Success of the Kouso in promoting the Expulsion of the Tape-worm.—In former numbers of the *Lancet*, (March 16, 1850, and April 20, 1850,) cases were noticed in which the Kouso was found very efficacious for procuring the expulsion of the *tænia solium*. This plant is now acknowledged to be so useful in tape-worm, that it seems almost unnecessary to adduce new cases; we shall, however, just sketch a few of those which were lately benefited by the Kouso, as they present various features of interest.

The first case, as taken from Mr. Jordan's notes, runs as follows:—Rebecca R., aged 22, is a native of Wapping; she went to Devonport when seven years of age, but only stayed there about a fortnight; with this exception she has constantly lived in town, generally at Wapping, but about eighteen months ago she spent a year at Peckham. Patient's sister, who has been dead nine years, also suffered from tape-worm, which remained upon her to the time of her death. Patient likewise knows of a neighbor of hers in Wapping, close to her own home, who suffers from the *tænia*. This latter person and the above-mentioned sister are the only people she knows to be thus affected. The water is supplied by the New River Company to the whole neighborhood.

Patient was quite healthy until about two years ago, since which time she has had great pain in the side and stomach; her appetite was good, but she used to feel sick on first getting up; she had, however, no idea that she harbored a tape-worm until a week before Christmas, when she first passed joints of it, and from that period, such joints have been passed almost every day.

Twice since she first noticed the joints she has passed long pieces of the worm, once after opening medicine, the other time without any such agency. She has never taken any turpentine nor any other remedy expressly for the worm.

Patient was admitted under the care of Dr. Budd, and took the Kouso at half-past nine in the morning, the day after her admission; and, after taking a dose of castor oil in the middle of the day, the worm was passed with a motion at a quarter to five in the afternoon. This entozoon was nearly three yards in length, and the narrow segments approaching to the head were attached to it, though not the head itself. The medicine gave patient a slight feeling of sickness, which soon went off again. Her appetite was bad on the day she took the Kouso, and she felt weak. With the exception of the tape-worm patient seems to have generally had good health; she has only a slight cough. Her mother and sister died of phthisis, but patient's appearance is remarkably florid and healthy. The day after admission, this woman left the hospital in good condition, without passing any more of the worm.

The second case was admitted under the care of Dr. Todd. The subject is a young woman, native of Scotland, *four months advanced in*

pregnancy. She complained to Mr. Steele, the house-physician, that she was in the habit of passing long round worms, but when she brought the joint, which she had lately evacuated, they were found to be pieces of the *tænia solium*. When the nature of the worm was ascertained, the patient was admitted into the house, and took the Kousso in the morning; at seven in the evening she went home, and a quarter of an hour after she had reached her residence, she passed five yards of the worm.

The third case was sent to Dr. Todd from the country. The patient is a middle-aged woman, residing at Bow, who took the Kousso at three o'clock in the afternoon, and left the house immediately afterwards, promising to bring the worm as soon as she should evacuate it. The next morning she brought a tape-worm measuring about six yards in length.

The fourth case, who was admitted under the care of Dr. Budd, is that of a man, about 46. His health has, in general, been pretty good; last winter, however, he was attacked by cholera, and treated in King's College Hospital. Whilst laboring under this disease, patient did not pass any joints of the tape-worm, though previous to his being visited by the epidemic he had now and then evacuated portions of the *tænia*. When convalescent, he took some oil of turpentine, and by the agency of this medicine he voided a few joints. From that period he continued passing joints, and was admitted under the care of Dr. Budd, May 3, 1850. Patient took the Kousso in the morning, and had two doses of house medicine in the course of the day. At six o'clock in the evening, he passed a tape-worm of a very great length, since it measured nearly ten yards. The next day he voided a piece, six inches long, which came evidently from very near the head. It is to be regretted, as we stated before, that this medicine is so expensive; still, when it is considered how rapidly and effectually it promotes the evacuation of the *tænia*, the 17s. 6d. can hardly be looked upon as a high price; the more so, as in hospital practice, the patients need stay in the house but a short time. It will be extremely interesting to keep an eye upon these patients, in order to ascertain whether the benefit is of a lasting or temporary kind.—*Lancet*.

Case of "White Blood."—Dr. Bennett mentioned, that there was at present, in the male clinical ward, a boy affected with extreme enlargement of the spleen. On examining a little of his blood microscopically, a very large amount of corpuscles was discovered, quite undistinguishable from pus corpuscles. There were many features of interest in this case; it was the second of the kind which had fallen under Dr. B.'s observation, and he proposed, at some future period, to lay before the profession the conclusions to which it led. Meanwhile, any member of the society had an opportunity of examining the case in the infirmary.—*Ibid*.

CHEMISTRY.

On the changes which Ether, Alcohol, and bodies of a similar constitution, suffer when taken into the Circulation. By CHARLES W. WRIGHT, M. D., of Cincinnati.—The rapidity with which certain substances manifest their action when taken into the circulation, has often engaged the attention of medical men, and more especially so since the discovery of the remarkable anæsthetic properties of the ethers, naphtha, and chloroform.

It is observed that when a medicinal substance is inhaled, much less is required to produce its characteristic effects than when it is administered by the mouth; and it is often stated that therapeutic agents operate quite differently when taken into the stomach, from what they do when inspired. This difference seems to be more apparent than real, as I think a thorough examination into this subject would plainly show; and if there be a difference, it is more in degree and rapidity than in kind.

Ether and alcohol are the first that will be considered under this head.

The first effect of the inhalation of the vapor of ether is to stimulate the system powerfully, but this state of excitement soon passes off, and is rapidly succeeded by a lethargic condition of the system, the skin becoming cold and pale, lips of a livid hue, slow and laborious respiration, in fact coma supervenes, and this in from two to five minutes. Introduce the same substance, but in larger quantity, in the liquid form, into the stomach, and what then occurs? why the same train of symptoms precisely, but which are much slower in making their appearance, and which are protracted a greater length of time. That it should require a larger quantity of ether to produce these effects through the medium of the stomach than the air passages, is obvious, for when ether, in the form of vapor, is inhaled, being exposed to a great extent of absorbing surface, it passes at once into the circulation, and there meeting with oxygen in a very active form, enters into combination with it, forming carbonic acid and water, being attended at first with excitement which retards the supervention of coma. The combustion of the ether is very rapid at first, but as the oxygen is consumed it fails to perform its task of purifying the blood, the consequence of which is, carbonic acid accumulates in that fluid, and death is finally brought about in precisely the same manner as if the patient had in the first instance inhaled carbonic acid gas. The impression which I wish to convey may be illustrated by comparing the inhalation of ether to the common experiment of plunging a lighted taper into a vessel of oxygen gas. In that case the combustion begins with great energy, but the flame grows less and less, until it is finally extinguished. Now there are two causes in operation tending to retard and ultimately arrest the combustion, in this experiment; the first is the gradual disappearance of the oxygen from the vessel in which it is contained, the second is the influence which carbonic acid exerts in diminishing the combustion going on in flame.

The excitation of ether, when first administered, is very rapid; but as carbonic acid is generated in proportion as it is consumed, and the blood in other respects fails to be decarbonized, the excitement is soon succeeded by lethargy, the person dying as if poisoned by carbonic acid; the symptoms and post-mortem appearances being the same in both cases. In the former, the poison is formed by combustion going on in the system, but in the latter it is formed out of the system and inhaled.

The arrest of the circulation is not unlike that which results from the respiration of nitrous oxide gas, but from a different cause. When the exhilarating gas is inhaled a considerable length of time, the pulmonary capillaries no longer have an attraction for venous blood, it being saturated with oxygen. Carbonic acid produces just the opposite state, by charging the blood throughout the body with carbonic acid, and destroying the attraction which the systemic capillaries have for the blood in the arteries. Great irritability is induced by the former substance, and the heart continues to pulsate even after the circulation in other respects has ceased.

When taken into the stomach ether produces the same set of symptoms, with this difference, that the stage of excitement lasts longer, and if the quantity taken be not too large, gives the system time to throw it off in the form of water and carbonic acid. Even here, however, if an overdose be swallowed it may prove fatal, the symptoms being the same as when it is respired.

The symptoms occasioned by the introduction of alcohol into the circulation, are much the same as those produced by ether. This will appear evident when we look at the composition of these two bodies. Alcohol is represented by the formula $C_4 H_5 + O O$. Ether has the same constitution, $C_4 H_5 + O$, minus one atom of water, $H O$.

When consumed, they both yield the same products. That of ether $12 O + C_4 H_5 O_4 = C O_2 + 5 H O$. That of alcohol $12 O + C_4 H_5 O + H O = 4 C O_2 + 6 H O$.

Naphtha has been used as an anæsthetic agent, and it probably operates on the same principle, but from its producing a very rapid and fluttering pulse, its employment is not considered safe.

Carbonic oxide produces a pleasing delirium before it narcotizes, if gradually introduced into the lungs; but cases of poisoning with this gas are exceedingly rare.

That there are other influences operating here, I do not pretend to deny, but that the characteristic effects of these agents are produced in the manner set forth, I think a thorough examination of this subject in all its bearings would not fail to show.—*Western Lancet*.

MATERIA MEDICA AND THERAPEUTICS.

Method of depriving Quinine of its Bitterness.—Believing that I have discovered a method by which quinine may be quite deprived of its great bitterness, without injuring its virtues in the least, I wish to make it known to the profession. Perhaps I have been anticipated, but if it be so I am not aware of it.

In August last, having occasion to prescribe for a little patient, who was affected both with diarrhoea and intermittent fever, I ordered a combination of quinine and tannic acid. The child took it so readily that I tasted it, and was surprised to discover no taste of quinine, which I at once attributed to the combination.

I have since prescribed it in a number of instances, and found that whilst it was equally effectual, it was far more palatable than any other combination of quinine I was acquainted with. On referring to the American Journal of Medical Sciences, Vol. xix., page 219, (1836,) it will be found that Dr. Ronander, Secretary of the Swedish Medical Association, recommended the tannate of quinine and cinchonin as the most active ingredients of the Peruvian bark. He asserts that he has cured, by their means, several cases of obstinate ague, which had resisted the use of sulphate of quinine, and other powerful remedies. Nothing is said in the extract from the original paper in Hecker's Annals, December, 1834, of the taste of the tannate of quinine. Compared with the sulphate, it is almost tasteless.

The following is the extemporaneous prescription I am in the habit of ordering for a child two years old —

R. Quinix sulph. gr. x.;
Acid. tannici gr. ij.;
Aquæ, ʒvj.;
Syrup aurant. ʒij. M.

A teaspoonful every hour or two.

I enclose a note on the subject from one of our most intelligent and careful apothecaries:—

Dear Sir,—I find, after trying a number of times, combinations of quinix sulphas and acidi tannici, in different proportions, that ten grains may be deprived of its bitterness in a great degree by the addition of one grain and a half of tannic acid. I think this is a proper proportion.

J. V. D. STEWART.

Dr. Thomas of Baltimore in American Journal of Medical Science.

UNIVERSITY OF PENNSYLVANIA,

MEDICAL DEPARTMENT.

EIGHTY-FIFTH SESSION (1850-51.)

The Lectures will commence on Monday, October the 7th, and terminate about the end of March ensuing.

GEORGE B. WOOD, M. D., Theory and Practice of Medicine.
 WILLIAM E. HORNER, M. D., Anatomy.
 JOSEPH CARSON, M. D., Materia Medica and Pharmacy.
 JAMES B. ROGEE, M. D., Chemistry.
 WILLIAM GIBSON, M. D., Surgery.
 HUGH L. HODGE, M. D., Obstetrics & the Diseases of Women & Children
 SAMUEL JACKSON, M. D., Institutes of Medicine.
 Clinical Instruction at the Pennsylvania Hospital, by GEORGE B. WOOD, M. D., and by GEORGE W. NORRIS, M. D.
 Demonstrative Instruction in Medicine and in Surgery, by the Professors of the Medical Faculty, assisted by W. W. GERHARD, M. D., and HENRY H. SMITH, M. D.

Practical Anatomy by JOHN NEILL, M. D., Demonstrator.

Summary of Rules of Graduation.

The candidate to be twenty-one years of age—to have read medicine for three years, two of them under a respectable practitioner of medicine—to have attended two regular courses, one of them at least in this Institution—one Hospital course here or elsewhere—and to present a Thesis of his own composition and handwriting.

The regular course is *Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, &c.; and Institutes.*

The Commencement will take place early in the following April.

Amount of Fees for Lectures in the University,	-	-	-	-	\$105
Matriculating Fee, (paid once only,)	-	-	-	-	5
Hospital Fee,	-	-	-	-	10
Practical Anatomy,	-	-	-	-	10
Graduating Fee,	-	-	-	-	30

W. E. HORNER, M. D.,

Dean of the Medical Faculty.

386 Chestnut St., above 13th, opposite the U. S. Mint, Philada.

July—5t.

KENTUCKY SCHOOL OF MEDICINE.

Established in the City of Louisville, under the auspices of the

MASONIC UNIVERSITY OF KENTUCKY.

The Session will open on the first Monday in November next, under the direction of the following Faculty, viz.:

BENJ. W. DUDLEY, M. D., Emeritus Professor of Anatomy and Surgery.
 ROBERT PETER, M. D., Professor of Medical Chemistry and Toxicology.
 SAMUEL ANNAN, M. D., Prof. of Pathology and the Practice of Medicine.
 JOSHUA B. FLINT, M. D., Prof. of the Principles and Practice of Surgery.
 ETHELBERT L. DUDLEY, M. D., Prof. of Descriptive Anatomy and Histology.
 LLEWELLYN POWELL, M. D., Professor of Obstetrics and the Diseases of Women and Children.

JAMES M. BUSH, M. D., Prof. of Surgical Anatomy and Operative Surgery.
 HENRY M. BULLITT, M. D., Prof. of Physiology and Materia Medica.

The cost of a full course is \$105, invariably in advance. The Matriculation fee is \$5, to be paid once only. The Dissection ticket is \$10. The Graduation fee is \$25.

HENRY M. BULLITT, M. D.,

Dean of the Faculty.

For any additional information in regard to the above Institution, application may be made by letter or otherwise to Professor Peter, at Lexington, Ky., or to the Dean at Louisville.

July—2t.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1850-51.

The regular Course of Lectures will commence on Monday the 14th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held *early in March*, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M.D.,	Professor of Institutes of Medicine, &c.
ROBERT M. HUSTON, M.D.,	Prof. of Materia Medica and Gen. Therapeutics.
JOSEPH PANCOAST, M.D.,	Prof. of Gen., Descriptive and Surg. Anatomy.
JOHN K. MITCHELL, M.D.,	Prof. of Practice of Medicine.
THOMAS D. MÜTTER, M.D.,	Prof. of Institutes and Practice of Surgery.
CHARLES D. MEIGS, M.D.,	} Prof. of Obstetrics and Diseases of Women and Children,
FRANKLIN BACHE, M.D.,	
	Prof. of Chemistry,
ELLERSLIE WALLACE, M.D.,	Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, *seventeen hundred and three* cases were treated, and *two hundred and nine* operations performed. Amongst these were many major operations—as amputation of the thigh, leg, arm at the shoulder joint, removal of the parotid, mammae, &c., lithotomy and lithontripsy.

The Lectures are so arranged as to permit the student to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEEES.

Matriculation, which is paid only once,	- - - - -	\$ 5
Each Professor, \$15,	- - - - -	105
Graduation,	- - - - -	30

The number of Students during the last Session was 516; and of Graduates 211.

July—5t.

R. M. HUSTON, M. D.,
Dean of the Faculty, No. 1 Girard street.

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

NINTH BELOW LOCUST STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D.,	Prof. of the Theory and Practice of Medicine.
JOHN WILTBANK, M. D.,	{ Prof. of Obstetrics and Diseases of Women and Children.
HENRY S. PATTERSON, M. D.,	
WILLIAM R. GRANT, M. D.,	Prof. of Materia Medica and Therapeutics.
DAVID GILBERT, M. D.,	Prof. of Anatomy and Physiology.
WASHINGTON L. ATLEE, M. D.,	Prof. of the Principles and Practice of Surgery.
	Prof. of Medical Chemistry.

The Lectures for Session of 1850-51 will commence on Monday, October 14th, and continue until the ensuing 1st of March. The Anatomical Rooms will be opened on October 1st, under the direction of DR. JAMES HUNTER, Demonstrator of Anatomy. Clinical instruction at the Pennsylvania Hospital provided for all second-course Students. Fees: Matriculation, \$5 00. To each Professor, \$15 00. Graduation, \$30 00. For farther information apply to

HENRY S. PATTERSON, M. D., Registrar,
No. 92 Arch street, Philadelphia.

July—5t.

PHILADELPHIA COLLEGE OF MEDICINE,

Fifth Street, South of Walnut.

The WINTER Course of Lectures, for 1850 and '51, will be commenced on Monday, Oct. 14th, 1850. The General Introductory will be given by Dr. James McClintock. Degrees will be conferred early in March.

FACULTY.

JAMES MCCLINTOCK, M. D., Principles and Practice of Surgery.
RUSH VAN DYKE, M. D., Materia Medica and General Therapeutics.
THOS. D. MITCHELL, M. D., Theory and Practice of Medicine.
JAMES BRYAN, M. D., Institutes of Medicine and Medical Jurisprudence.
EZRA S. CARR, M. D., Medical Chemistry.
M. W. DICKESON, M. D., Comparative and Pathological Anatomy.
JAMES MCCLINTOCK, M. D., General, Special and Surgical Anatomy.
F. A. FICKARDT, M. D., Obstetrics and Diseases of Women and Children.

FEE for the full Course, \$84. Matriculation, (paid once only,) \$5. Graduation, \$30. Fee for those who have attended two full courses in other Colleges, \$45. Dissecting Ticket, \$10. Perpetual Ticket, \$150.

Full Course candidates for Graduation will be furnished with the Pennsylvania Hospital Ticket without charge.

The fee for the respective tickets may be paid to each member of the Faculty, or the whole amount may be paid to the Dean, who will issue a certificate which will entitle the student to the ticket of each Professor.

The Spring Course for 1851 will commence about the 15th of March, 1851. Degrees will be conferred about the 16th July, 1851.

JAMES MCCLINTOCK, M. D., *Dean*,
No. 1 North Eleventh Street.

July—3rd.

HAMPDEN SYDNEY COLLEGE.

MEDICAL DEPARTMENT.

RICHMOND, VIRGINIA.

The *Thirteenth* Annual Course of Lectures will commence on Monday, October 14th, 1850, and continue until the 1st of the ensuing March. The commencement for conferring Degrees will be held about the middle of March.

R. L. BOHANNAN, M. D., Obstetrics and Diseases of Women and Children.
L. W. CHAMBERLAYNE, M. D., Materia Medica and Therapeutics.
S. MAUPIN, M. D., Chemistry and Pharmacy.
CHARLES BELL GIBSON, M. D., Surgery and Surgical Anatomy.
CARTER P. JOHNSON, M. D., Anatomy and Physiology.
DAVID H. TUCKER, M. D., Theory and Practice of Medicine.
ARTHUR E. PETICOLAS, M. D., Demonstrator of Anatomy.

The study of Practical Anatomy may be prosecuted with the most ample facilities and at very trifling expense. Clinical Lectures are regularly given at the College Infirmary and Richmond Almshouse. The Infirmary, under the same roof with the College, and subject to the entire control of the Faculty, is at all times well filled with medical and surgical cases, and furnishes peculiar facilities for clinical instruction. Many surgical operations are performed in presence of the class; and the students, being freely admitted to the wards, enjoy under the guidance of the Professors unusual opportunities of becoming familiar with the symptoms, diagnosis and treatment of disease.

EXPENSES.—Matriculation fee, \$5. Professors' fees, \$105. Demonstrator's fee, \$10. Graduation fee, \$25. The price of Board, including fuel, lights and servants' attendance, is usually \$3 or \$3½ per week.

S. MAUPIN, M. D.,
Dean of the Faculty.

July—2nd.

MEDICAL COLLEGE OF OHIO.

SESSION OF 1850'-51.

The thirty-first annual session of this Institution, will open on the first Monday in November next, and close on the last of February, under the following arrangements :

JOHN T. SHOTWELL, M. D., Professor of Anatomy.

JOHN LOCKE, M. D., Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D., Professor of Physiology and Pathology.

T. O. EDWARDS, M. D., Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M. D., Professor of Surgery.

LONDON C. RIVES, M. D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M. D., Professor of Theory and Practice of Medicine.

JOHN DAVIS, M. D., Demonstrator of Anatomy.

The following branches will be included in the course : Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Physical Diagnosis.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures, on Medicine and Surgery, will be delivered at the Commercial Hospital three times a week.

OCTOBER LECTURES.

A Course of Lectures will be delivered by the Faculty, (free of charge,) commencing on the first of October, and embracing the following subjects :

Anatomy and Physiology of the Senses ; Diseases of the Eye ; Medical and Elementary Botany ; Functional and Organic Diseases of the Uterus ; Medical Jurisprudence ; Physical Diagnosis.

Also, Clinical Lectures at the Commercial Hospital.

Fees.—For a full Course of Lectures, \$84 ; Matriculation and Library Ticket, \$5 ; Dissecting Ticket, \$8 ; Graduation Fee, \$20 ; Hospital Ticket, \$5.

Board (including the expenses of room, fuel and lights,) can be obtained at from 2 to \$3 per week.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M. D., *Dean of the Faculty.*

Aug. 1850—3t

South side of Sixth st., between Walnut and Vine.

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N. B. Sole Manufacturers of Chases' Trusses.
Philadelphia, January 13th, 1844

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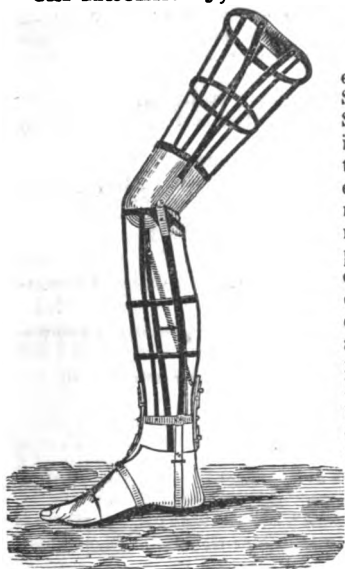
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Oct. 1848.

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Artificial Leg, Ankle Supporter, and Improved Surgi-
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Jan. 1850.

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ARMY MEDICAL DEPARTMENT, 16 January, 1847.

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ANDREW SMITH, M. D.,

"Deputy Inspector General of Hospitals."

From the N. Y. Journal of Medicine, (page 280,) March 1st, 1850:

"CANTHARIDINE PLASTER, OR BLISTERING TISSUE.—Some months since, we received from Mr. GEORGE D. PHELPS, of this city, samples of this truly valuable article, for the express purpose of using it in our practice. From the trial we have given it, we are satisfied that it presents no ordinary claims to the attention of the profession. It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable, and in this class of subjects, a peculiarly safe vesicant, and one which deserves the attention of the profession. Accompanying this article is a very simple and neat Dressing Tissue, which is intended as a substitute for the ordinary dressing of blisters."

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"HAIR GLOVES AND STRAPS FOR FRICTION.—The use of Horse Hair Gloves and other contrivances of the kind, to keep the skin in a healthy state by friction, is becoming more common among persons who lead a sedentary life, as its benefits are more known. The frequent vicissitudes of our climate affect the functions of the skin very much, and when these are not restored by the effect of an active life in the open air, some other treatment is required. The daily application of strong friction, with what are called Bath Gloves and Straps, is found to answer this purpose very fully. We know a gentleman, who, finding himself growing corpulent and unwieldy, resorted to their use with such effect that in a few weeks his weight was diminished by twenty pounds, and his general health and spirits much improved.

"Those who desire to provide themselves with the most perfect instruction for the ready and convenient application of friction, are referred to the advertisement in this paper, headed "To Druggists." At No. 46 Cliff street will be found a large supply of Lawrence's (late Dinneford's) Horse Hair, Flesh Gloves, Straps and Brushes, of a great variety of patterns, adapted to either wet or dry friction. Mr. Lawrence has shown a good deal of ingenuity in suiting the forms of these articles to the various notions of convenience which may prevail, and in giving them a firm and durable construction."

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Importer of Fine Drugs, Chemicals, &c.

May, 1850.

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FOR THE RELIEF AND CURE OF UTERINE AND ABDOMINAL
DISPLACEMENTS, &c.

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A CAUTION to Physicians, Druggists, &c., against imposition. Unprincipled persons having put up an article with a view to make money--have falsely called it "Betts' Supporter," and have deceived many hundreds of unsuspecting persons. This has been the case in St. Louis to a large extent, as well as Louisville, Ky., and many other cities, this counterfeit being badly arranged, and defective in many special particulars. Mrs. Betts has had an engraved U. S. copyright label placed on each box, and any sold without this, and her signature on each Supporter, may be detected as counterfeit. She also, in 1848, obtained damages and costs against a house in Philadelphia, in the Supreme Court of this state, thus establishing her right.

☞ The mode of taking the measure is by passing a piece of tape, &c, round the body on the hip bone, and sending the number of inches.

ADDRESS TO THE PROFESSION.

She would mention,--1st. That the old method of treatment by the pessary is very offensive to female delicacy.

2d. That it unavoidably leads to the confinement of the patient to the bed or house.

3d. That it necessarily leads to a long train of evils, viz: hardening, scirrhus, ulceration, leucorrhœa, &c. &c., besides mental and nervous debility.

4th. That the above causes, and many others combined, have rendered the Pessary a very unpopular medium of relief, both among Physicians and patients, and have caused a demand for a better mode of relieving this distressing malady. Mrs. B. would add, that the brilliant success and reputation of her supporter, for the last 15 years, has had the effect of almost banishing pessaries from practice where the Supporter could be procured.

5th. That the lifting up the uterus by the pessary is insufficient to cure the complaint; there is a pressure at the fundus, bearing it down, the ligaments are relaxed, and the viscera around and about it, by their weight, keep it from recovering its position. A GENERAL SUPPORT to the abdomen is necessary, and is the desideratum. Thus an opportunity is afforded for the recuperative energies of the viscera to commence their work with success. The weight of the viscera pressing on the fundus, and the pessary at the extremity, she had found, after long experience, attended with bad effects.

6th. On the other hand, a lady having her Supporter applied, feels a delightful change; the heavy dragging pains are mitigated; she is, as it were, a changed woman: she walks with ease, attends to her domestic duties, &c. The taking off the pressure on the uterus is the cause of this improved state of things, combined with the moderate and gentle pressure by the perineal pad; thus notime is lost; a rapid and perfect cure in general takes place.

7th. There is no compression, as very fluently stated by the opponents of Mrs. Betts' invention, some of whom, after writing and speaking about it for 14 years, have never yet overcome their reluctance to employ it for the first time, and therefore discourse and write about what they do not understand. Her Supporters have now been in use 15 years, and during that time have been employed by 25,000 ladies, and their reputation permanently established. Mrs. B. would also add, that she never yet saw a counterfeit article that would not produce the evils intended to be remedied, and therefore would urge the importance of procuring a genuine Supporter. And it is now ascertained that steel pressure is most injurious and must be avoided in the weakness alluded to.

The Supporter can be procured (where we have no agent) by enclosing the amount in a letter, and the measure, and the Supporter can be packed, with directions, and sent by mail, or by any other conveyance ordered. Price, Five, Six, Seven or Eight Dollars, according to finish.

P. S. Many eminent Professors and other Physicians, in most cities of the U. States, have favored Mrs. Betts with their testimony, as to the value of the Supporter. Its sale is now larger than that of all others put together.

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Nov. 1849.

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FRANCIS GURNEY SMITH, M. D.

Lecturer on Physiology in the Philadelphia Association for Medical Instruction, Fellow of the College of Physicians, &c. &c.

The long period during which the Examiner has now been published, the favorable manner in which it is received by the profession in all parts of the country, together with its constantly increasing patronage, ranks it both as one of the *oldest* and as one of the *first* Medical Periodicals of the country. It is constantly quoted and referred to, not only by all the *American*, but also by the most prominent of the *European Medical Journals*. To preserve its present value, and to make it still more acceptable to the profession, no effort or labor will be spared on the part of either the *Editor* or *Publishers*.

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OF THE

MEDICAL SCIENCES,

We have need of preparation, and of things sought out, sent for, gathered, and brought together from every nation.—*Cicero*.

**Number 11, for July,
WITH ILLUSTRATIONS.
CONTENTS OF THE NUMBER.**

Part I. Practical Medicine, Pathology and Therapeutics.

Section 1.	General Pathology, - - - - -	6	Articles
2.	Diseases of the Nervous System, - - - - -	5	"
3.	Diseases of the Respiratory Organs, - - - - -	2	"
4.	Diseases of the Circulatory System, - - - - -	6	"
5.	Diseases of the Chylopoietic System, - - - - -	8	"
6.	Diseases of the Skin, - - - - -	5	"
7.	Materia Medica and Therapeutics, - - - - -	9	"

Part II. Surgery.

Section 1.	Symptomatology and Diagnosis of Surgical Diseases, - - - - -	7	Articles.
2.	Nature and Causes of " - - - - -	10	"
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Part III. Midwifery and Diseases of Women and Children.

Section 1.	Midwifery and Diseases of Women, - - - - -	12	Articles.
2.	Diseases of Children, - - - - -	8	"

REPORTS.

1. Report on the Progress of Practical Medicine, Pathology, and Therapeutics, by the Editor.
2. Report on the Progress of Midwifery, and Diseases of Women and Children, by the Editor.

Lectures on the Process of Repair and Reproduction after Injuries. By James Paget.

The great object of this work is to give to the physician who has not within his reach, or who cannot find time to keep pace with the rapid issues of the ever-teeming medical press,

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R11
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PUBLISHED MONTHLY.

THE

AUG 14 1933

MEDICAL EXAMINER

11

AND

RECORD OF MEDICAL SCIENCE,

EDITED BY

FRANCIS GURNEY SMITH, M. D.

LECTURER ON PHYSIOLOGY IN THE PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION;
FELLOW OF THE COLLEGE OF PHYSICIANS, MEMBER OF THE ACADEMY
OF NATURAL SCIENCES OF PHILADELPHIA.



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BY

J. FORSYTH MEIGS, M. D.

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Including also numerous Standard Formula, derived from American and European authorities, together with the Medical Properties and Uses of Medicine, Poisons, their Antidotes, Tests, &c., Dietetic Preparations, Doses, &c. &c.

BY JOHN J. REESE, M. D.

Lecturer on Materia Medica and Therapeutics in the Philadelphia Medical Institute, Fellow of the College of Physicians, &c.

Other Volumes of the series are in preparation and will appear as rapidly as is consistent with the proper execution of original works.

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NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editor, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 20th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

New York Medical Gazette. Weekly.

The Boston Medical and Surgical Journal. (Weekly, Boston.)

Buffalo Journal.

Medical News.

Western Lancet.

North Western Medical and Surgical Journal. Sept.

Nordamerikanischer Monats bericht für Natur-und Keilkunde.

The British American Journal of Medical and Physical Science. (Montreal.)

The London Lancet. (Weekly, London.)

The Medical Times. Weekly, London.

Dublin Medical Press.

Provincial Medical and Surgical Journal.

Edinburgh Monthly Journal. August and September.

Edinburgh Medical and Surgical Journal.

Dublin Quarterly Journal. August.

London Medical Gazette. May, July, August.

Pharmaceutical Journal.

London Journal of Medicine. July, August, September.

Gazette des Hopitaux. January to July inclusive.

Gazette Médicale. " "

Revue Medico-Chirurgicale.

The following works have also been received for notice:

Copland on Apoplexy and Palsy. From Lea & Blanchard.

Howard on the Eye.

Spectacles, their Uses and Abuses. By Sichel.

Eberle and Mitchell on Children. From Lippincott & Grambo.

Observations on certain of the Diseases of Young Children. By C. D. Meigs, M. D. From Lea & Blanchard.

Fownes' Chemistry for Students, 3d edition. From Lea & Blanchard.

A brief history of the existing controversy on the subject of Assimilated Rank in the United States Navy.

Communications have been received from:—

W. J. Reese, M. D., Alabama.

William Waters, M. D., Fredericktown, Md.

G. H. H. Koontz, Woodstock, Va.

E. C. Banks, Lawrenceville, Ill.

S. S. Hornor, Philadelphia.

J. M. Steiner, M. D., U. S. Army.

J. Travis, M. D., Tennessee.

The foreign correspondents of the Examiner will please direct their Exchanges and other communications to the care of Mr. Charles J. Skeet, 27 King William St., Charing Cross, London, or Mr. H. Bossange, 21 Bis, Quai Voltaire, Paris.

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. LXX.—OCTOBER, 1850.

ORIGINAL COMMUNICATIONS.

Contributions to Obstetrics, with Tabular Views, and Miscellaneous Practical Observations. BY HENRY A. RAMSAY, M. D.,
Raysville, Georgia.

Contributions to obstetrical science from the South are so rare, that I have concluded to present the results of my restricted experience, in this department, in a tabular and commentative form, which, however lame in practical importance, may elicit farther details, and furnish some data for determining the comparative state of rational midwifery in the Southern country. The field of obstetrical observation in the South being confined largely to our black population, presents at many points advantages for the practical elucidation of obstetrics nowhere else to be obtained by the professional man. At the present day a large majority of the obstetrical cases among this class, are exclusively under the control of the physician, and I am happy to add, the white ladies of Georgia are fast falling into ranks, in reference to this important point. Wherever our black population is dense, and their condition healthful, they increase with an almost unparalleled rapidity, and are unusually prolific; and such is the care with which they are provided for by their owners, to secure these desirable ends,

that we hazard nothing in asserting that the negroes of Georgia are better provided for, *obstetrically* and *dietetically*, than any other dependent class upon this continent, *private infirmaries, public hospitals, alms-houses, pauper clinics, and lying in hospitals*, to the contrary, notwithstanding. The planters have their family physicians, who have the exclusive control of the blacks, and who are called without reference to simple or emergent cases, and without regard to expense. Since my advent into the profession, it has been my good fortune to attend several hundred cases of labor, embracing almost every variety, from the simplest to the most difficult forms; and it has been my better luck not to have sustained a *single loss*. In explanation of this success, it may be remarked that our blacks are well fed, clothed, and favored as to labor, and our white ladies enjoy in an eminent degree, all those luxuries and advantages which conspire to health; they are therefore stout, well formed, and energetic, having seldom any of those pelvic deformities or other causes, which induce laborious or tedious labor; consequently they conceive readily, and bring forth with marked facility. It is true, that we sometimes meet with difficult and fatal labors among both colors, but they are usually dependent upon *too early marriages, accidents*, or other causes beyond the ken of human comprehension or judgment. Such cases will occur among all classes and colors, and in any community. It will be seen by reference to these tables, that puerperal convulsions are quite rare, at least in this section of Georgia, and I apprehend that what is common here is true of other parts of the State. An interesting enquiry presents itself in reference to this point, should it be farther corroborated:—What is the cause of this immunity? Hypothetical disquisition is not the object of this paper, but I would make a suggestive rationale of the causation of this exemption, without fully endorsing or denying its validity—that it is dependent upon a *preponderance of the cerebral over the spinal system*. This is a fruitful and speculative theme, involving many points of acquiescence and contrariety, but I am inclined to think many sound views may be urged in justification of the position, whether the postulate be correct or not. But I will reserve these views for another occasion, and descend to a tabular statement of my cases, appending such remarks as I may deem necessary.

EUTOCIA.

<i>Natural,</i>	{	429 vertex presentations,
	{	5 twin cases,
	{	3 footlings,
<i>Unnatural,</i>	{	4 breech,
	{	1 facial.
	{	3 cases arm and shoulder presentation,
	{	1 case arm, foot and placenta,
	{	2 cases placenta previa,
	{	1 case side and funis presenting,
	{	4 cases puerperal convulsions,
<i>Complicated,</i>	{	1 case tumor impeding labor,
	{	1 case labial effusion,
	{	2 cases hæmorrhage prior to labor,
	{	1 case adherent placenta,
	{	3 cases hour glass contraction,
	{	1 case cord torn from placenta in utero,
	{	1 case impacted head.

DYSTOCIA.

Manual,—3 cases required turning.

Instrumental, { 2 cases required forceps,
5 cases embryotomy.

The above table is unavoidably incomplete ; in the early part of my professional career, I carefully recorded all my difficult obstetrical cases, leaving the simple labors to fare for themselves ; hence the reader will find an aggregate of 473 cases only, when, in reality, I am confident I have attended six hundred or more. This table exhibits all my recorded cases of every description, ranging from the seventh to the ninth month. It will be seen that I have transcended some obstetricians in the comparative frequency of some forms of difficult labor, but this may find an explanation, (at least in some degree,) in the fact alluded to above, that all the *difficult* labors are recorded, while the simple list is not replete. But amid all this freak of negligence and confusion, I have prepared a tabular numerical and per centage view of my experience, which I am inclined to think will successfully compare with results of some older tokologists, who have a larger experience, and more reputation than myself. If I am correct in this opinion I trust it will give an impetus to Southern Obstetric Medicine, and bring to light many facts of tokological importance, hitherto thrown aside as worthless and unimportant. If this desideratum should be attained, my highest hopes and expectations will be fully consummated.

For the sake of convenience, and the better understanding of the tabular statement, I have arranged the various classes and species of labor in *aggregate and distinctive forms*.

Aggregate view, No. 1.

		Frequency.	Per cent.
<i>Natural Labor,</i>	- - - 5 cases twins,	1 in 94,*	or 1.05
<i>Unnatural Labor,</i>	- - - 8 cases,	1 in 59,	or 1.69
<i>Complex Labor,</i>	- - - 21 cases,	1 in 22,	or 4.45
<i>Manual Labor,</i>	- - - 3 cases,	1 in 157,	or 0.63
<i>Instrument. Labor</i>	- - - 7 cases,	1 in 67,	or 1.06

Distinctive view, No. 2.

EUTOCIA.

Presentations.	No.	Numerical frequency.
Vertex,†	429	429 in 473
Feet,†	3	1 in 157
Breech,	4	1 in 118
Face,	1	1 in 473

DYSTOCIA.

	Presentation, etc.	No. of cases.	Frequency.
<i>Complicated, &c.</i>	Arm and shoulder,	3	1 in 157
	Arm, foot and placenta,	1	1 in 473
	Placenta previa,	2	1 in 236
	Side and funis,	1	1 in 473
	Convulsions,	4	1 in 118
	Tumor,	1	1 in 473
	Labial effusion,	1	1 in 473
	Hemorrhage,	2	1 in 236
	Adherent placenta,	1	1 in 473
	Hour glass contraction,	3	1 in 157
	Cord torn from placenta in utero,	1	1 in 473
	Impacted head,	1	1 in 473
<i>Manual,—Cases required version,</i>	- - -	3	1 in 157
<i>Instrumental,</i>	Forceps,	2	1 in 236
	Required embryotomy or cephalotomy,	5	1 in 94

From the aggregate view No. 1, it will be seen that twin cases occur here in the ratio of 1 in 94, or 1.05 per cent. Unnatural labor, including face, feet, and breech presentations occur in the ratio of 1 in 59, or 1.69 per cent. Complex labor, including all *mal-positions, accidental or unforeseen deviations*, occur 1 in 22, or 4.45 per cent. Manual labor, including *turning only*, occurs 1 in 157, or 0.63 per cent., and instrumental labor, including *forceps, embryotomy and cephalotomy*, 1 in 67, or 1.06 per cent. It will be remembered that the list of simple eutocia is not

*A general average with Clarke, Boivin and Baudelocque.

†Twin cases not included.

replete; but let us contrast this picture with other authorities, and see how the case stands; and here, permit me to remark, the comparison is instituted with no invidious design, but merely to illustrate the position, and define the standard, as far as compatible, of Southern obstetricry.

Tabular view of relative frequency of various forms of Labor in French and English Practice.

Presentation, &c.	Baudelocque.	Boivin.	Bland.*	Collins.	Merriman.
Feet,	1 in 81	Uncertain	1 in 105	1 in 131	1 in 76
Breech,	1 in 59	"	1 in 52	1 in 40	1 in 00
Face,	1 in 296	"	Not known	1 in 504	Not rep
Arm & shoulder,	1 in 336	"	1 in 210	1 in 416	1 in 155
Placental,	Not rep.	"	Not rep.	1 in 1514	Not rep.
Convulsions,	"	"	†1 in 210	†1 in 693	1 in 105†
Hemorrhage,	"	"	Uncertain	†1 in 555	1 in 558†
Twins,	1 in 91	1 in 132	Not rep.	1 in 69	1 in 76
Delivered by art,	1 in 76	Not rep.	"	Not rep.	Not rep.

By a brief recapitulation of the preceding tables, it will be seen that the following facts are demonstrated: 1. That we do not have unnatural labors as frequently as the French and English, as far as our tables are capable of determining. 2d. That arm presentations have occurred more frequently to me, than to Baudelocque, Bland, or Collins. 3d. That puerperal convulsions have occurred oftener with me than with Collins or Merriman, although I have previously declared that our ladies enjoy almost an immunity, and attempted to account for it; this unique position will find some atonement by recurring to Dr. Bland's experience in 1897 cases; and it will be fully explained in an annotation at another place. 4th. It will be seen that a lamentable deficiency exists in the tables of Boivin and Baudelocque, involving points of the highest practical and statistical magnitude. 5th. The mortality among the French women will strike forcibly the most casual observer, when it is remembered that the forceps are seldom used, and the perforation sacrilegiously interdicted.

But to place our own practice and that of others in their proper light, before the profession, it is necessary that we resort to another tabular history, showing the precise relative frequency of *mortality* and *instrumental labor*. By this table we are willing to be governed, and to award to every man his just position in obstetrical practice.

* Bland says 1 in 44 of his cases were difficult.

† These are transposed by oversight, and should be read so through the whole.

Table of Mortality and Instrumental Labor.

Accoucheurs.	Mortality.	Instrumental.	No. of cases.
Author,	None,	1 in 67	473
Baudelocque,	1 in 24	Uncertain	17,308
Boivin,	No report	1 in 183	20,517
Merriman,	1 in 210	1 in 98	2,947
Bland,	1 in 274	1 in 158	1,897
Collins,	1 in 156	1 in 114	16,654
Ritgen,	No report	1 in 9	103
Kluge,	"	1 in 15	1,111
Carus,	"	1 in 13	2,549
Minden,	"	1 in 12	295
Andree,	"	1 in 35	356
Kustner,	"	1 in 36	368
Boer,	"	1 in 96	9,589
Cusack,	"	1 in 34	1,268
Granville,	"	1 in 80	640
Seibold,	"	1 in 9	340
Voigtel,	"	1 in 5	29
Naegele,	"	1 in 28	1,711
Clarke,	"	1 in 162	10,199

The foregoing table exemplifies a remarkable exemption from mortality among lying-in women in this country, and we opine we hazard nothing in saying, that death in child-bed is an event of *uncommon* occurrence in Georgia. That some die, it would be folly to deny; deaths occur in every land, and in all circumstances and conditions of life. The facts in reference to instrumental labor are not so favorable as we could wish, but they can be plausibly and easily explained. 1st. The forceps cases, which are two, occurred both in the same woman, for a lateral pelvic deformity. This cause will continue to exist, and render her amenable to forceps deliveries at every lying-in term. This was irretrievable, and would have occurred to Collins, Baudelocque, Clarke, Boivin or any one else. 2d. The embryotomy and cephalotomy cases supervened under the following circumstances: 1st case. This was a case of impacted head, occurring with a young negress *æt.* 14; the head was firmly and immovably fixed between the sacrum and pubis; the patient had been in labor many hours, and was rapidly sinking; the child being probably dead, as no pulsation could be detected, I performed cephalotomy; the negress did well, but has never conceived since. Case 2d was a case of arm and shoulder presentation. The woman was a delicate female *æt.* 38; she was attacked with hemorrhage preceding labor on the day prior to my

being called; she was under the care of a *midwife*. I found the arm and shoulder presenting, with a prolapsus of the funis; the throes were violent, and the patient quite exhausted; an attempt at turning was made and abandoned, owing to the death of the child, and the risk incurred of rupturing the uterus. At the suggestion of Dr. Dill, embryotomy was performed; the patient did well. Cases 3d and 4th both occurred in the same individual, and were dependent upon the same causes,—*pelvic narrowness laterally*, and *uterine inertia*. This woman will never give birth to a living child of anything like ordinary dimensions. Every effort was made by myself and others, to rescue these *fœtuses* from the knife, but without avail: an imperative necessity, essential to the life of the mother, alone induced the operations. Cephalotomy is a painful resort, rendered doubly so where we have any reason to think the child is living, and should never be performed only from the most urgent necessity, and that, too, after due counsel with other practitioners. It is painful enough to perform such an operation, when there is reason to believe the *fœtus* dead, and I do not envy the feelings or reputation of any man who will plunge his knife into the brain of an innocent babe in utero, without sufficient cause, and after mature, calm and deliberate reflection, in conference with his brethren; yet there are those, who have but little patience, and are anxious to have the opportunity of securing an operative reputation, who will operate without just or sufficient grounds. Happily for women and children, their number is diminutive. It is probable these cases might have been remedied by a resort to the Cæsarian operation. An important obstetrical question arises here, as to the validity of that operation. By the Cæsarian operation, a risk is incurred of losing both mother and child, while by cephalotomy, *only one is sacrificed*. This is an important item, involving a great moral responsibility. It is the rule in English and American practice to sacrifice the life of the child; in this I fully concur, for reasons which are self evident, and founded upon moral and professional principles. In no event could I be induced to run the risk of sacrificing the life of a mother to save an infant, who in reality has no existence in the external world, but who, whatever may be its fate, must find a resting place in the bosom of the God who gave it. The 5th case was induced by a disproportionate head. This

was one of those unavoidable cases which cannot be remedied by manual interference; in consultation, it was resolved to operate, as the only means of saving the mother. This woman had ever had laborious and difficult labor; she was not capacious in her pelvic developements; the proportions of the child were very large; in no event could it have passed the pelvic straits without a diminished head. This closes an account of my cases of instrumental labor. Of the reasons which induced me to operate I shall not speak more definitely than I have, but leave the reader to his own conclusions, with the simple remark, "*that men are fallible, and often differ in their views of right and propriety.*"

Turning.—Version in obstetrics is one of those operations which it is easier to talk about than perform. The young obstetrician, who has listened to the declamations of a learned Professor for three or four winters upon the science of midwifery, will find himself quite chagrined at the first introduction he has to a case of several hours standing, requiring turning; ten to one, unless he has great manual dexterity, mixed with a good degree of self-possession and confidence, he will fail. Turning is usually performed by bringing down the feet, but it may be done by the head. In whatever way it is performed, the operator must exercise great caution and care; he must be patient, and remember he is not feeling in a *barrel*, or turning a log of wood about; the least error or undue force, may cost him his reputation for life. I have never performed the operation of version except in arm and side presentations; in one instance the child was saved, the others were lost.

I have usually, where the uterus was violently contracted, administered a full dose of opium before commencing the operation; and after its completion, if the pains were inefficient, I have ordered an infusion of ergot invariably, with the effect of having my anticipations fully realized. It is not the province of this communication to give general directions for the performing of these operations; indeed they can only be learned by careful experience in clinical instruction; I will therefore proceed.

Convulsions.—Probably no part of obstetrics is attended with more thrilling interest and intense anxiety than convulsive dystocia. Fortunately, as I have previously remarked, this form of labor seldom occurs among us. The four cases which came under

my care, were in three instances in the same person, and of the epileptic variety. The lady is æt. 35; she has had seven births. With her first and every subsequent child she has had puerperal convulsions; she is very subject to premature labor, which is always announced by a convulsion. The convulsions cease as soon as delivery ensues, but prior to that, they resist every therapeutic application for their suspension. I have seen them adopt a strictly tertian type with her, and be partially controlled by quinine; they invariably continue to, and through labor; and I never saw her have one after.

The last attack was in August, '49. I delivered her then of a fœtus at 6 months and 22 days; it is now living, and is a stout, fat child. After these attacks, she has speedy gettings up, and has a return of fine health until her next pregnancy.

The 4th case was a stout, athletic woman, with her first child; the convulsions are of an apoplectic order, unquestionably promoted by an overloaded stomach. This case yielded to *copious venesection*, *active catharsis*, and *delivery*. As a general rule, not invariable, however, the convulsions cease as soon as the birth of the child takes place, and the physician should be assiduous in his attentions, or the fœtus will be expelled before he is aware of it. These cases usually excite the mind a great deal, and often derange the imagination; causing many painful emotions. I recollect this last case was attacked on Monday, and after convalescence, she experienced a mental horror at the approach of Monday, and in several instances I was sent for to ward off the attack she expected on that day. These are the only cases I have seen prior to parturition, and I know of no physician here who has had a case, although I have made frequent enquiries. It is a protean disease, requiring the promptest attention, and the best of skill.

Placenta Previa.—I have met with but two cases of placenta previa; in both of these it was attached partially to the os uteri; they both occurred at the full period. I delivered in both cases the placenta first, and as the pains were violent, the children in both were soon expelled. I am induced to believe that the danger in such cases does not originate from the placental presentation, or it would cease to exist as soon as it was expelled, but it is derived from the exposed orifices of the uterine vessels. It is very clear to my mind that this is correct, from the fact that the placenta is

usually detached in the beginning of *labor*, consequently the woman could not suffer from placental hemorrhage, as no affinity exists after that time with her and the child through the placental circulation. Now it is undeniably correct, that in placental presentations, the attachment being about the neck of the uterus, the flooding would be more violent from the exposed orifices, owing to the violent contractions of the body of the womb, producing an expulsion of the fœtus, and a necessary opening of the os uteri. This is a plain but truthful process, and to me fully demonstrates the theory of hemorrhage dependent upon placental presentations. If you deliver the placenta in these cases, the flooding does not cease, but if you deliver both child and placenta it will. We presume no man of any experience will doubt this position; and what does it prove? It surely establishes the point I have taken,—that placental hemorrhages (as they are called,) depend upon an exposition of the mouths of the uterine vessels, not upon an adherence of the placenta to the os uteri. What then is the practice? It is plain, self-evident, and unquestionable; deliver the placenta, promote uterine contraction, and deliver the fœtus as soon as necessary, and with any means your judgment may dictate.

Hemorrhage.—Hemorrhage during pregnancy is not an uncommon occurrence. It is often alarming, requiring the most decided means to stay its progress; when again it is of little importance, requiring nothing more than quietude and the recumbent posture to restore the patient. From the 7th to the 9th month, I have met but two cases; they were mild in their character, and demanded nothing unusual. The emergency of such cases always depends upon the quantity of blood lost and losing, and the ability of the patient to bear it. The points of practice are always to be determined in reference to these facts. I have never had a case of uterine hemorrhage, where I gave ergot prior to delivery.

Hour Glass Contraction.—This is dependent upon a circular contraction of the uterus at the point where it exists, and is often a source of considerable annoyance to the accoucheur, particularly if called late. If you are present, the difficulty is usually easily overcome by a gentle introduction of the hand and fingers into the point of constriction, and gently extracting the placenta; if a failure should happen, patience is a fine remedial agent; should all these fail, bleed and give opium. I have never had much difficulty in

these cases, but can easily imagine that they can be very annoying. Always bear in mind gentleness is the hand-maid of skill in these cases. Some seem predisposed to hour glass contraction.

Adherent Placenta.—This is a perplexing and often difficult complication in obstetrical practice. An adherent placenta is really an untoward event. Fortunately for females, it does not very often exist. Physicians are very frequently called to patients with the belief that they have adhering placentas; this is generally an error of judgment, for in a large majority of cases it is only a retention of the mass. These conditions are widely different and are not to be identified as one in obstetrical practice. Adhesions of the placenta are usually schirrous, cartilaginous, or ossified, and they are to be extracted with great care and gentleness; indeed in all manipulations in the inner womb, “*be gentle*,” should be our motto; *violence is “death.”* The hand should be well oiled, and easily introduced, when the placenta should be carefully, cautiously and quietly detached from the uterus. If a portion should remain and cannot be extracted, it will be decomposed and come off; in this case we should use tepid antiseptic enemata and washes daily.

In retention of the placenta, the same caution should be observed. In my own practice I never have a retained placenta. I invariably deliver in 15 minutes after delivery, all things being fair. I have never had any cause to regret the practice, but the experience of every week proves to me its correctness. It is seldom I see a hemorrhage after delivery among my own cases, and I attribute it to the speedy delivery of the after-birth.

Labor, Duration, Spontaneous Evolution, and anomalous forms.—Labor is that process by which the child is expelled from the genitals of the woman; it has many varieties, as has been seen, and which it is not necessary to reiterate. Labor may be retarded by several causes, which are laid down in the books; but one of the most common causes of retardation in simple eutocia that I have met with, is the cord being around the neck of the child, and it is much more difficult to remedy than a tyro would suspect. Labor is generally accompanied with pain; but it is not an invariable attendant. I remember to have seen a negress bring forth a fine large child, without the least semblance of pain evident to myself or others; indeed she positively denied having the child until it

was exhibited. The duration of labor is a pleasing and interesting question; it is not settled, and will not probably be for many obvious reasons. In a country practice many circumstances conspire to prevent physicians from keeping a record of facts in reference to this subject; it is seldom we are called at the commencement of labor, which accounts at once, in a great degree, for our inability to keep a table; but in my own practice, as far as I have been able to observe, the duration of simple labor does not exceed six hours. The doctrine of spontaneous evolutions in transverse and brachial presentations, was first taught, we believe, by Denman; since which time it has been verified in numerous instances by many accoucheurs; at the present day it is not a problem. I met with a single instance of this evolution; it differed in no respect from other cases of the kind; the child was dead, which is usual in all such cases. I should deem it a rare event for one to be born alive.

In obstetrics the practitioner will meet with many deviations of presentation, which are mentioned by authors; in all such he must be governed by his own superior judgment, and general principles. I have met a case of twins, where one was born in the early part of the day, the other was delayed until the next evening—nearly 36 hours; in this case I was guided alone by general principles; the patient had no *pain or flooding—she was calm and quiet*. I waited patiently; the other child came along in proper order, was sound and healthy; the woman did well. In twins, authors tell us, there is a great proclivity to flooding; I have not found it so; my twin cases do as well as any others. I saw a case in which the cord was torn from the placenta in utero; being present early, I immediately introduced my hand, and brought away the after birth, which had been retained. These errors are remedied with facility, when we are present soon after their occurrence, and the practitioner has the essential ingredients of a skillful tokologist—*self possession and confidence in his ability*; without these, success in every department is equivocal. In two instances labor was impeded by the vulva being effused with serum and blood. The first was punctured, and the case relieved in due season; the second was originally a *tumor*, it became pulsative from an injury. I plunged my lancet into it; the dark grumous and offensive matter it contained was discharged; the labor was

soon after completed by the natural efforts. The other cases which came under my inspection, merit no special attention, and I shall not advert to them.

Ergot.—Much has been said in justification and denunciation of this drug; by one it is represented as dangerous to the child; by another it is denounced as producing hour glass contractions; and by a third it is proscribed for inefficiency. I have used ergot in almost every form of labor, and I can accord to it none of these properties. In my hands, it has ever been prompt and efficient; I never saw any injury from it in any stage of labor. I believe it excites uterine contractions and promotes dilatation of the *os uteri*. I have never had a case of hemorrhage after giving it prior to delivery. I believe it almost a specific in those cases where there is a tendency to flooding; it should be given 20 or 25 minutes before labor is consummated. The only error it is guilty of, is a predisposition to operate upon the bowels in some women. This can be modified by giving it in conjunction with a little paregoric.

Pregnancy.—Hippocrates, Galen, Pliny, La Motte, Haller, Aristotle, Petit, and Levret, contended that pregnancy terminated at the end of nine calendar months, but might be prolonged to ten or fifteen. Now I am not sufficiently versed in gestation to definitively determine this point, but in all the cases I have witnessed in reference to this question, pregnancy has terminated at about the 39th week, plus one day. The quickening period is about the 4th month; five months from this parturition will usually take place. I think the period of gestation is subject to slight changes; it may be a few days over 39 weeks, or a few under it. There is great discrepancy among women in reckoning, and in no instance ought the count of the patient to be strictly relied upon, unless it be with a lady remarkable for her exactness and perception in such things. I remember the case of a lady who brought forth precisely 39 weeks and 2 days from the day of her marriage. I know another instance in which the woman was confined precisely 39 weeks, one day, from the return of her husband who had been gone for four months.

While on the subject of pregnancy, I will remark, that I am inclined to believe in the hereditary influence of labor so far as *quickness, or tediousness of the process is concerned*. In a large majority of cases, I have found where women had quick labors,

their mothers before them had also, and vice versa. Now I will not assert the rule as invariable, but it is very apt to be the case.

I have now gone through what I fully intended when I began—*a synoptical account of my obstetrical experience*. I have extended the paper much farther than I at first intended to do. I hope, however, its unforeseen prolixity will not be at all detrimental. It is possible in some parts of its serpentine course, I may have committed some errors, if so, they are unintentional and will be pleasurably rectified. I have not thought proper to pursue a strictly systematic course in treating of the various topics involved, for the reason that the paper was intended as a practical effort, with no didactic intention, but only as my own experience. In conclusion, I will make a small tabular view of facts and observations in reference to general items.

Miscellaneous Table.

Duration of labor, 6 hours.

Duration of pregnancy, 39 weeks, 1 day.

1 Case spontaneous evolution.

1 Case 36 hours between births.

1 Case without pain in labor.

1 Case child with teeth.

1 Case imperforate anus.

1 Case hydatids, (*not mentioned in tables*.)

4 Cases still born, *restored*.

2 Forceps cases, both children living.

In a majority of all the cases, males predominated to a small extent.

The Treatment of Acute Rheumatism, illustrated by cases taken from private practice. By GEO. L. UPSHUR, M.D., Norfolk, Va., Member of the American Medical Association.

CASE 1.—Mrs. W., aged 30, of sanguineous temperament, and rather delicate, was seized with pain in the right shoulder joint on 23d of September, 1846. The weather had been inclement for several days previous, and she had imprudently exposed herself. I saw her on the 24th, at which time all the large joints were somewhat painful, although there was little or no fever.—*Prescription.* R. Pulv. Dover. gr. xv. Div. in chart. 3. S. one powder every three hours.

25th. Patient much more uncomfortable; slept none last night; nearly every joint red, swollen, and exquisitely tender; pulse, full, hard, and bounding; bowels confined; tongue foul, thirst

urgent, and perspiration very profuse. Being desirous of avoiding, if possible, the use of the lancet in so delicate a subject, I ordered only the following: *℞*. Vin. Colch. Rad. f. 3iss.; Magnes. calc. 3ij.; Magnes. Sulph. 3ss.; aquæ f. 3iv. M. S. A table-spoonful every three hours, until it purges freely. At 9 o'clock P. M. the mixture had produced several copious stools, but without relief to any of the symptoms; took 20 ounces of blood from the arm.

26th. Symptoms somewhat improved; less fulness of the pulse, much less perspiration, and not so much pain. *℞*. Quiniae Sulph. 3ss. Div. in chart. 3. S. One powder every three hours.

On the 27th, my patient was so entirely relieved, that I considered her convalescing, and ceased to visit her after the 28th.

CASE 2.—Miss B., aged 19, very large and robust, was taken with chill followed by high fever, with metastatic pains in the joints and a profuse warm perspiration, on 14th of January 1847. Sent for me in the night, and I have never seen a better marked case of acute articular rheumatism—even the joints of the fingers and toes were red and swollen. The blood was fairly running riot through the vessels, and the patient alternately shrieked and ground her teeth in very agony. I bled her to full 25 ounces, which checked the perspiration, and lessened the pain in a considerable degree; ordered gr. x. of Dover's powder to be taken at once.

15th. Somewhat more comfortable; still suffering very much. *℞*. Ol. Tigllii gtt. ij.; Saponis Hisp. q. s. M. Pil. 2. S. Give one pill immediately, and if it does not act in four hours, the other.

16th. Took both pills which acted copiously; passed a comparatively good night; and is decidedly better this morning; pills vomited her freely; *℞*. Calomel gr. x. Ol. Tigllii. gtt. iss. M. Pil. 3. S. one pill every hour.

On the 17th the patient was on the verge of convalescence; ordered ten grains of Dover's powder at bed-time.

18th. Improving; opened the bowels with croton oil.

19th. Pain nearly subsided; no fever; appetite returning. Ordered a table-spoonful, three times a day, of the colchicum mixture, to keep the bowels soluble. On the 24th discharged her cured.

CASE 3.—Mr. E., aged 22, sanguineous temperament, was seized with acute articular rheumatism, May 16th, 1847; saw him on 17th; pain confined chiefly to shoulders, elbows, and wrists, which were red and swollen. Prescribed croton oil in purgative doses followed by the colchicum, magnesia, &c. as in other cases. Discharged him convalescent on the 19th. On the the 6th of August following he was again attacked, and again relieved, in a great degree, by the croton oil. The disease, however, became chronic in the course of two or three weeks, when I gave him the vinum colchici, and subsequently the iodide of potassium with the fluid extract of sarsaparilla, with fine effect; I also derived great benefit from “firing” around the joints as recommended by Dr. Corrigan in the *Dublin Hospital Gazette* for March 1846. The article is too long to insert here, but it may be found, condensed, in vol. 4th of Ranking’s Abstract, p. 102, and is well worth a perusal.

About four weeks after the disease assumed the chronic form, there appeared upon the extremities, a pustular eruption, resembling very closely, the eruption of small pox. The base of the pustules, however, instead of being red as in variola, was livid and variegated, putting one in mind of the blotches seen in secondary syphilis. I have no doubt but that there was a syphilitic taint in this case. After two or three months, Mr. E. returned to his friends in New England, much improved, but not entirely relieved. I have not heard whether he ever permanently recovered.

CASE 4.—Mrs. Wiles, a very delicate lady, aged 25, mother of two children, and withal a confirmed dyspeptic, was taken sick with acute rheumatism in its severest form, May 29th, 1847. When I saw her on the 30th, her fever was high, the pulse frequent without fulness, perspiration profuse, bowels confined, and pain in the joints unbearable. Purged her violently with croton oil, and on the next day, 31st, gave $\mathfrak{z}\text{i}$. of Pulv. Jal. Comp., which acted well.

June 1st. Much better; fever, pain and perspiration greatly lessened; determined to give the colchicum a fair trial. I gave it to her without intermission, until the 8th, but apparently without benefit; I then prescribed quinine, ten grains three times a day;

she took in all sixty grains, and was discharged cured on the 12th of June, having been ill just two weeks.

CASE 5.—Miss M., aged 30, robust, was seized March 28th, 1848, with chill. When I saw her, all her joints were involved, and there was scarcely a voluntary muscle in the body that could be moved without pain; fever high, abundant perspiration, and constipated bowels; *B. Ol. Tiglii* gtt. vi.; Calomel gr. xxx. *M. Pil.* 6. *B. Vin. Colch. R. f.3i.*; Magnes. Calc. ʒij.; Magnes. Sulph. ʒiij.; Aqua f.3iv. *M.* I directed her to take one of the pills immediately, and after it ceased to operate, to begin with the mixture and take a table-spoonful every three hours. On visiting her next morning, I was alarmed at her condition. She was excessively feeble, pallid, with her extremities cold and shrivelled, and passing blood from the bowels every ten minutes; each stool being accompanied with violent straining and tenesmus. The whole abdomen was tender upon pressure; with nausea, and a frequent, feeble pulse. *With all this, however, she had not even a remnant of the rheumatism, and could move her limbs about in any position without the slightest inconvenience.*

Upon inquiry, I ascertained that the nurse, a listless, inattentive creature, had mistaken my directions entirely, by giving the *pills* as I ordered her to give the *mixture*, namely, one pill every three hours. The patient took six drops of croton oil, and thirty grains of calomel, within eighteen hours, and, as a matter of course, was purged nearly to death. The only wonder is, that she did not die before I saw her. She recovered slowly from the effects of the hypercatharsis, and has not had a rheumatic pain from that day to this!

CASE 6.—Frances B., aged 12, lymphatic temperament, seized Sept. 23d, 1848, with well marked acute articular rheumatism; the upper joints chiefly affected, but the disease showing a decided tendency towards metastasis. Prescribed *Ol. Tiglii* gtt. i.; Calomel gr. v. *M. S.* To be taken immediately. The following day there was a decided amelioration of all the symptoms. *B. Quinæ Sulph.* gr. xxx; Div. in chart. 4. One powder to be given every two hours. The patient was well enough to sit up on the 26th, when I ceased to visit her.

CASE 7.—On the 3d of October, 1848, I was called to see Mr. W., aged 46. He had been in feeble health for a year or two before, and was then suffering from a chronic ulcer upon the left leg. For several days he had been troubled with sharp rheumatic pains in the shoulders and back of the neck. He had very little fever; bowels confined. Gave him a table-spoonful of the colchicum mixture every three hours. The next day he was rather worse, when I purged him with croton oil. On the 6th, purged him again with the same, and again on the 8th, and on the 9th I found him entirely relieved. In a subsequent attack, I gave him the decoction of may-apple (*Podophyllum*) which acted copiously on the bowels, and gave him great relief.

CASE 8.—Saw William S., aged 40, October 11th, 1848; fever, constipated bowels, and pain, redness and swelling of all the large joints. Prescribed *Ol. Tiglii* gtt. ij., to be taken at once; repeated the dose the following day, and on the 13th found him so much relieved that he required no further treatment.

CASE 9.—Mr. Hubert S., an athletic young man of sanguineous temperament, was seized Nov. 28th, 1848. Three years before, he had an attack of rheumatism, which confined him to the bed four weeks. When I saw him, the ankle and knee joints only were very painful, with now and then a twinge in the shoulders. He had but little fever, and no perspiration. Prescribed the croton oil as in the other cases, and repeated the dose on the next day. The symptoms were relieved entirely, with the exception of slight pain and stiffness in the right ankle joint. Ordered 5grs. of iodide of potassium, to be taken four times a day in infusion of hops; under this treatment he recovered in about ten days.

CASE 10.—Mr. John M., was taken violently on the 8th of December, 1848. He was a fleshy, muscular man, and suffered intensely. Gave him the croton oil as usual, followed by eight grains of quinine every hour, until he had taken 40 grains. He was entirely relieved on the 10th, and had no return of the disease.

CASE 11.—Mrs. F., aged 26, recently married, anemic and

and feeble, was taken sick on the 18th of January, 1850. Pain, metastatic, but confined chiefly to the upper joints. She was purged freely with croton oil every day, until the 21st, when I prescribed the following. *R.* Mass. Hydrarg. gr. xx. Quiniæ Sulph. ζ ss. ; M. Pil. 6. S. One pill every two hours. On the 24th purged her again with croton oil, and discharged her cured on the 26th.

CASE 12.—Mrs. Fanny —, aged 35, had been suffering from dyspepsia for more than a year. About ten days before I saw her, which was on the 18th of March, 1850, she felt considerable pain in the shoulders, back of the neck, and sides of the chest. Her bowels were confined, and she had some febrile movement. I gave her alternately, every day, a drop of croton oil, and fifteen grains of quinine, for four days. She then took ten grains of Dover's powder every night, followed by a drop of croton oil in the morning, until the 24th of March, when she was discharged, cured.

Remarks.—A celebrated physician being once asked what he considered the most successful treatment of acute rheumatism, answered, "six weeks"—thereby plainly intimating his opinion of the intractable nature of the disease. While I am ready to admit that there is *some* truth in this opinion, and that rheumatism now and then assumes a form which might well entitle it to a place among the *opprobria medicorum*, I am not at all prepared to entertain the notion, that early and judicious treatment has no power, in a majority of cases, to alleviate its pangs, or shorten its duration. On the contrary, I believe that rheumatism is as amenable to proper management as any disease of equal severity.

Within the past five years, I have accurately noted the history and treatment of about *thirty* cases of acute articular rheumatism, from among which the twelve cases just detailed are indiscriminately taken. In these, it will be seen, the average duration of the disease, was $5\frac{1}{2}$ days; the longest being 14, and the shortest 2 days. Croton oil was used in 11, colchicum in 6, quinine in 6, bloodletting in 2, and iodide of potassium in 2. I desire to say a word or two upon each of these agents.

Of croton oil as a purgative in acute rheumatism, I am prepared

to speak in the highest terms. Cathartics have always stood in the front rank of remedies in this disease, but I am disposed to believe that the efficacy of croton oil does not depend entirely upon its cathartic properties; it possesses a power over the disease beyond these, and apparently not dependent upon them, for other cathartics, which act as powerfully and as promptly, producing similar watery stools, do not bring a like amount of relief to the patient. I do not say that it is a *specific*, for I am not a believer in the doctrine of specifics, in medicine; that doctrine has put more stumbling blocks in the way of medical progress than all the open quackery of the past half century. I merely desire to state, that after a fair trial, in a number of cases accurately observed, where there was scarcely a possibility of falling into error, I believe that the croton oil is the *best* single remedy in the treatment of acute rheumatism; and I am thoroughly convinced, that it is as justly entitled to the term *specific*, in this disease, as is quinine in miasmatic fever. I speak now, not of chronic rheumatism, nor of that which results from a syphilitic taint, but of the acute inflammatory affection. In all the eleven cases, in which it was given, its beneficial effect was palpably evident, but particularly as in cases 5, 6, 8, 10, 11, and 12.

Dr. Wm. A. Thom, an intelligent physician of Northampton County, to whom I am indebted for the first hint in regard to the value of croton oil in this disease, informed me, about two years ago, that he had used it in several severe cases, and uniformly with success.

Colchicum has uniformly disappointed me. In cases 1, 4, 7, it was fairly tried, and although it invariably acted freely upon the bowels, there was no alleviation of the distressing symptoms. In the chronic disease, I think I have sometimes derived great benefit from it, but in the acute form, *never*. It may be, that I have been so unfortunate as always to get hold of an inferior preparation, but some how or other, I have taken the notion, that when a patient is treated with *colchicum only*, he would do just as well to take old Dr. Warren's *six weeks* instead.

Quinine I would place next to croton oil in the treatment of rheumatism. That it is decidedly *sedative* in large doses, is undeniable, and therefore it may be exhibited during the febrile stage. Given after the use of the lancet, in highly inflammatory cases, or

after powerful purgation with croton oil, it has been productive of the happiest effects in my hands. I never give to an adult a smaller dose than ten grains, repeated three or four times a day; less than this would be worse than useless. It is particularly serviceable in those cases which perspire most profusely.

It seems to me that *bloodletting* possesses no direct curative power in the treatment of rheumatism. In robust persons, with high fever, intense pain, and a full, bounding pulse, I think it subserves a useful purpose in rapidly subduing the over-excited circulation, thus placing the system in a better condition to respond to the impression of true curative agents. It is true that bloodletting is one of the most powerful antiphlogistics, and that rheumatism, in its acute form, presents undeniable evidences of its highly inflammatory character, nevertheless it has long since been voted an inflammation, *sui generis*, and I believe there is a great deal too much of the *neuralgie* about it to justify the heroic use of the lancet so warmly advocated by Bouillaud. *Topical* depletion has never been of the least service in my hands, except where the disease was confined to a single joint, *with no disposition toward metastasis*.

When the disease assumes the chronic form, or if there should exist a scrofulous, or syphilitic taint, no remedy will be found equal to the *iodide of potassium*. I usually order five grains four times a day, to be taken in hop tea, the bowels in the meantime being opened every day with the black draught, or other cathartic. I have rarely seen the most obstinate cases refuse to yield to this treatment.

In the second attack of Case 7, almost immediate relief followed copious purgation with the decoction of *may-apple* (*podophyllum*), but it is very unphilosophical, particularly in so uncertain a science as Therapeutics, to deduce a general conclusion from a solitary observation, so I will not venture to recommend the may-apple until authorized by further trial. I have adverted to it, merely because it forms a part of the history of the case; and with the remark, that it is considered by all of the old *negro-doctors* in this section of country as a *specific* in rheumatism, I dismiss the subject.

Norfolk, Va., Sept. 5th, 1850.

Absorption of the Testes from Metastasis of Mumps. By COLUMBUS HIXSON, Student of Medicine, Middletown, Guernsey County, Ohio.

A. G., aged 25, in April, 1842, was attacked with mumps, which at that time were prevailing in an epidemic form in the neighborhood. The family physician was called, who prescribed the usual antiphlogistic treatment. In the course of three weeks the patient had so far recovered as to be able to walk about his chamber. The swelling of the parotid glands had entirely disappeared, and the patient thinking himself convalescent, made a visit upon horseback to the village about one and a half miles distant; and returned in about 3 hours, with slight sensations of pain in the testicles, which in the course of a few hours became so severe as to confine him to his bed. The physician was again called, who prescribed fomentations, a suspensory bandage, and the unguentum iodini comp. to the scrotum, and rubefacients to the parotids.

- Under this treatment the patient speedily recovered, the swelling was dispersed and he has ever since enjoyed excellent general health. Shortly after this occurrence, he noticed small tumors forming in the substance of the scrotum, which, at the present time are very numerous, but most abundant on the left side of the scrotum, and which at times run on to suppuration, and when punctured, some emit a fluid resembling healthy pus, while others discharged a fluid of the consistence of paste. The scrotum has also been attended with itching sensations, which at times is almost intolerable.

Shortly after his convalescence from the mumps, our patient noticed that his testicles were becoming smaller, which caused a great deal of uneasiness. Several medical gentlemen were consulted, but none gave him any encouragement respecting a cure. At last he disclosed the case to the writer, who, after examination, determined to report the case, hoping that it might elicit from the pen of some one an investigation. The testicles of this individual, at the present time, are not more than one third their original size, the right one is considerably smaller than the left.

From this history of the case, which is a correct one, there appears to have been a departure from the ordinary phenomena observed in the course of this disease. So far as the writer is aware it is the doctrine of pathologists, *that the testicles are liable to become*

implicated at the time of the swelling leaving the parotid glands. In this case it appears from the patient's own acknowledgments that *swelling or inflammation had entirely left its original seat*, and he had so far recovered as to consider himself convalescent. In the opinion of the writer, the tumors present in the scrotum, are but a morbid condition of the sebaceous glands of that part. Should this article meet the eye of any medical gentleman, who feels himself competent to the task, it is hoped that the treatment most likely to succeed will be pointed out.

Case of death from fractured Femur. Reported by S. B. MILLS, M. D., Resident Physician, City Hospital, San Francisco, California.

William Toppin, entered the city hospital of San Francisco, Feb. 29th, with fracture of the right femur, having received said injury in a fit of intoxication, by falling down a precipice at "Clark's point," and having been treated on board the U. S. ship of war Warren,— Assist. Surg., for some months previous. At a consultation of the most eminent men of this place, and at the earnest solicitation of the patient, it was concluded prudent to operate, and consequently Dr. Peter Smith, city physician, operated, Jan. 19th, for false joint. The patient's bad condition of health made it impossible to hope for much good, but in a desperate case we employed a desperate remedy. The said William Toppin died June 20th.

On examination we found a transverse fracture with the ends of the bones dove-tailed; the ends of the bones remaining healthy with a very slight inflammation of the periosteum.

[The above case we deem of great importance to the profession. It shows how careful a surgeon should be in ascertaining the exact position of the fragments of fractured bones; and in their coaptation. In this case we understand, the former were widely separated by an interposing muscle; and if such were the fact, would it not have been better, even at the hazard of making a compound fracture, for the surgeon to cut down and remove the muscle from between the fragments, after all other resources had failed, rather than to wait, as was done, until so much callos had been thrown out; and the swelling of the thigh had so increased, that the condition of the fragments could not be ascertained? G. R. B. H.]

BIBLIOGRAPHICAL NOTICES.

Surgical Anatomy. BY JOSEPH MACLISE, Surgeon. *With colored plates.* Part III. To be completed in four parts. Philadelphia : Lea & Blanchard: 1850.

The 1st and 2d parts of this work have already gained for it a high reputation as a treatise upon Surgical Anatomy: it is, therefore, unnecessary to give any detailed account of the contents of this part, in order that we may commend it to our readers. Every one who is conversant with the medical literature of our country, is conscious that there is an imperative demand for works of this class, and will congratulate the American public upon the appearance of Mr. MacLise's labors in their present form and dress.

The importance of this kind of knowledge, the difficulties under which it is usually obtained, and the facility with which it is forgotten, afford cogent reasons for pressing the usefulness and value of this work upon every student of medicine.

Although we cannot admit for one moment that there is any authority in Anatomy equal to the dead subject and the scalpel, and that for these there can never be a substitute, nevertheless, since so few appeal to this source of knowledge, and since (of these few) some approach it with preconceived notions from books; we cannot but rejoice that there are some sources of authority that are in accordance with nature and the truth. If a large number *will* teach Anatomy from books, and a still larger number learn it from the same source, we rejoice to know that MacLise's Surgical Anatomy will inculcate more truth and fewer errors than most of its predecessors.

This 3d part contains sixteen plates relative to Inguinal and Femoral Hernia, with instructive commentaries upon each. We hail those upon Inguinal Hernia with most pleasure, because we conceive that greater error exists among teachers and students upon this form of hernia than upon any other. Every one, whether an Anatomist or Surgeon, must recollect the time and labor expended upon this subject in the lecture-room, and the apparent paradoxes and contradictions with which it was surrounded. The very fact, that the subject of Hernia is a "pons asinorum" to students, is an evidence that there is an obscurity connected with its demonstration. The parts concerned are not so numerous or minute as those

of the eye or brain, and yet these latter are learned with comparatively little patience and trouble. Though the points to be studied in hernia are few in number, and can be seen without microscopes, the student generally leaves the lecture-room with a degree of perplexity which cannot in justice be attributed to the subject, and which is only removed by his own personal dissections.

This obscurity arises from the application of a defective nomenclature, a kind of adherence to the description given by some great authority, and in making dissections to *suit a description*.

Anatomical nomenclature probably never can be altered: we can never expect a perfect uniformity of terms, nor is it necessary that there should be, any more than that we should all speak the same language. But, it is extremely important that students should be taught something more than mere names, that they should not be confused with long Latin synonyms, before receiving clear ideas of facts: they should learn that terms are but conventional and representative, whether invented by Camper, Scarpa, or Sir Astley Cooper. These are the views and feelings of Mr. Maclise when he speaks of the difficulty and perplexity with which this impenetrable fog of surgical nomenclature besets the progress of the beginner.

We have no hesitation in saying that no one is able to make a proper demonstration of the anatomy of hernia, unless he can make an intelligent beginner clearly understand it without the use of technical terms.

How often has an hour been wasted in endeavoring to prove that Sir Astley Cooper called this or that the Cribiform Fascia; as if the great idea to be taught was, that the dissection presented to their view was in accordance with that of Sir Astley; as if the truth was not the same, no matter upon what plan the dissection is made, provided it is not forced by knife-handles or pointers.

How unfortunate would it be for a student if this fond adherence to terms should affect the prescribed text-books of any medical school; one with an air of confidence and certainty will say, this is the "cribiform fascia," another with a tenacity equal to the other's boldness, "that is the cribiform fascia; Sir Astley told me so."

"Strange there should such a difference be
Twixt tweedle dum and tweedle dee."

A sentiment which seems to have actuated Mr. Maclise in his work is thus expressed by him : " But when we view nature as she is, and not fashioned by the scalpel, we never fail to find an easy explanation of her form." This follows a description of the inferior edges of the internal oblique and transversalis muscles. Our readers may recall, among the dim memories of inguinal hernia, something, called the crural arch, and, perhaps, they may recollect seeing the same pictured forth with beautiful regularity, in some drawing or painting of the subject, about the lower part of the belly.

Now, Mr. Maclise says nothing about the crural arch in this connexion, and hence, therefore, some may not consider the work as orthodox ; especially as they *know* that Colles, or Scarpa, or Cloquet, or Lawrence, says there is a crural arch. This reference to authority and not to the dead subject, at once settles the matter in their minds. But let the reader peruse the following passage, and judge for himself.

" The arched inferior border of the transverse muscle, *r*, Plate 30, expresses by its abrupt termination that some part is wanting to it ; and this appearance, together with the fact that the fibres of this part of the muscle blend with those of the internal oblique and cremaster, and cannot be separated except by severing the connexion, at once, suggests the idea that the cremaster is a derivation from both of these muscles.

" Assuming this to be the case, therefore, it follows that when the dissector removes the cremaster from the space *l h*, he himself causes this vacancy in the muscular parietes of the groin to occur, and at the same time gives unnatural definition to the lower border of the transverse and oblique muscles. In a dissection so conducted, the cord is made to assume the variable positions which anatomists report it to have in respect to the neighboring muscles. But when we view nature as she is, and not as fashioned by the scalpel, we never fail to find an easy explanation of her form.

" In the fœtus, prior to the descent of the testicle, the cremaster muscle does not exist. (Cloquet, *op. cit.*) From this we infer, that those parts of the muscles, *ef*,* Plate 30, which at a subsequent period are converted into a cremaster, entirely occupy the space *l h*. In the adult body, where one of the testicles has been arrested in the inguinal canal, the muscles *ef*, do not present a defined arched margin, above the vacant space *l h* but are continued (as in the fœtus) as low down as the external abdominal ring. In the adult, where the testicle has descended to the scrotum, the cremaster exists, and is serially continuous with the muscles *ef*, covering the space *l h* ; the meaning of which is, that the cremasteric parts of the

*Internal, oblique and transversalis.

muscles *EF*, cover this space. The name cremaster therefore must not cancel the fact that the fibres so named are parts of the muscles *EF*. Again, in the female devoid of a cremaster, the muscles *EF* present of their full quantities, having sustained no diminution of their bulk by the formation of a cremaster. But when an external inguinal hernia occurs in the female body, the bowel, during its descent, carries before it a cremasteric covering at the expense of the muscles *EF*, just in the same way as the testicle does in the foetus. (Cloquet.)

“From the above-mentioned facts, viewed comparatively, it seems that the following inferences may be legitimately drawn:—1st, that the space *Lh* does not naturally exist devoid of a muscular covering; for, in fact, the cremaster overlies this situation; 2d, that the name cremaster is one given to the lower fibres of the internal oblique and transverse muscles which cover this space; and 3d, that to separate the cremasteric elongation of these muscles, and then describe them as presenting a defined arched margin, an inch or two above Poupart's ligament, is an act as arbitrary on the part of the dissector as if he were to subdivide these muscles still more, and, while regarding the subdivisions as different structures, to give them names of different signification. When once we consent to regard the cremaster as constituted of the fibres originally proper to the muscles, *EF*, we then are led to the discovery of the true relations of the cord in respect to these muscles.”

There is another point upon which we consider Mr. Maclise to have added much that is valuable to teachers and students, and this is expressed in plates 31 and 33, exhibiting the fascia transversalis as far as it relates to the anatomy of parts concerned in hernia, a point concerning which there is such a diversity of expression.

This diversity of opinion arises, as we have said already, from a want of reference to the dead subject, and a dependence upon authority for truths which we should acquire or make our own by study. Let the reader refer for instance to the plate of Sir A. Cooper exhibiting his fascia transversalis, and that which is called the internal abdominal ring, and he will there see represented a dissection which is well calculated to give a most erroneous idea, and which is a most fruitful source of error on this subject. There is pictured an oval hole in the fascia which was made by the dissector, and which is understood by the ignorant to be so in nature, which Sir A. C. never meant to teach. In this point and in many others we consider Mr. Maclise's drawing far superior to any others, for the simple reason that it represents the truth.

The "internal spermatic fascia," (Cooper) and "infundibuliform fascia," (Cloquet) is shown to be continuous with, but a prolongation of, the fascia transversalis. This is not only true in nature where no hernia exists, but also where inguinal hernia does occur, unless the case is an exception, and the hernia is the result of force and the tissue actually ruptured. If the work of Mr. MacLise be read and studied by those who cannot or will not read nature, they cannot fail to get rid of the erroneous impressions which result from early education, and learn that the internal abdominal ring is not a hole or fenestrum.

The plates illustrating the descent of the testicle are equally well calculated to teach the truth as it is in nature, and the laws by which she is governed. They show how the testicle descends, pushing before it, and enveloping itself with, every lamina which constitutes the parietes of the abdomen; the modifications which these laminæ undergo in becoming the investments of the cord and testicle; and that in every oblique inguinal hernia, the bowel pursues the same course.

The work is equally satisfactory with reference to Femoral Hernia. The plate exhibiting the crural ring and the description, the descent of the bowel and the manner in which it receives its coverings, are shown in a clear and instructive manner; and we have no doubt that many will in their hearts confess that this work of Mr. MacLise has taught them what they never knew before concerning the anatomy of hernia.

How simple does the subject of hernia become when treated of by a philosophical anatomist, who is not only familiar with facts and details, but with the causes which produced them! How indelible is the truth acquired by reason compared with that acquired by memory. When in the first place we are taught the true anatomy of the parietes of the abdomen in general, and then the descent of the testicle, and the particular relation of these parietes to the cord and testicle, and that when the bowel descends, it follows the course of the cord (in oblique inguinal hernia,) and that whatever is true of the cord and its coverings, is true of the protruded bowel,—we then distinctly see the reason of things, and the connection of one fact with another, that *rupture is not a rupture*; that this term is calculated to give rise to the idea of holes with defined edges;

whereas, there is no such thing in nature, not even at the external abdominal ring; and whenever such an opening is presented to us, we recognize it at once as the result of an injury, or as a false dissection.

Such works as this are calculated to bring about the correct teaching of a *Philosophical Anatomy*.

We extend to this number, therefore, as we have to those which preceded it, a hearty welcome, and commend it to our readers as a faithful exponent of the science of which it professes to treat.

Nothing will be believed now, but that which one can see for himself; and fortunately the laborers in this field are sufficiently numerous to present the science of anatomy in a new light, with no claims but those based simply on facts and their philosophy.

Materia Medica and Therapeutics. By THOMAS D. MITCHELL, A. M., M. D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine, &c. &c. &c. Philadelphia: Lippincott & Grambo, 1850.

This book is evidently the work of a man of considerable experience, and professes to contain the substance of the author's lectures on *Materia Medica and Therapeutics*, as delivered in the Medical Department of Transylvania University, in eleven successive winters. As an enlarged and philosophical treatise on *Therapeutics*, we must say, that it does not come up to our ideas on the subject. The alphabetical arrangement which the author has chosen in preference to a classification of remedies having an analogous Therapeutic application, necessarily breaks the subject too much into fragments, and gives us merely a dry detail of the remedial effects of individual medicinal agents, which, though excellent in themselves, showing great research on the part of the author, and highly useful to the student, does not in fact teach any thing more than would a well arranged Dispensatory.

As a work on *Therapeutics*, in the extended and scientific sense of the word, we therefore do not approve of Dr. Mitchell's book; as an abridged Dispensatory, with practical Therapeutic suggestions, we do approve of it highly, and think that the research and labor which must have been devoted to the compilation and arrangement of such a mass of material, as honorable to the author

as it is creditable to the profession of which he is a worthy member. The great fault of the book, in our estimation, is, a certain want of dignity and good taste in the general tone of the details; a disposition on the part of the author to raise a monument to his own merits at the expense of the profession; an assumption of superior sagacity and intelligence, the existence of which Dr. M. may in the course of his professional career have often *felt*, but the expression of which, we think, might have been alloyed with advantage by "some few cold drops of modesty." These remarks we make in no ill-natured spirit, but merely to express regret that a man of talent should mar a good work by vanity. For, though the foible is displeasing, we can say of the author as Dr. Johnson said of David Garrick, whom some of his contemporaries were ridiculing for his conceit: "yes, gentlemen, David is vain, but he has the advantage of most of us in having a great deal to be vain of."

The book contains 730 pages, of as varied material as can well be imagined; therefore we must of necessity content ourselves and our readers with a few quotations illustrative of the author's manner of treating his subject. The Toxicological part of the work is excellent; the methods recommended for the detection of poisons; the preparation and application of antidotes, and the general treatment of patients suffering under their influence, are all good; so much so, that we think that this part of the book alone, whatever its other merits may be, entitle it to high praise, and to a space on the shelf of every medical library.

The alphabetical arrangement, though in our opinion disadvantageous to a strictly Therapeutical work, in which, as we before observed, the massing together of analogous remedies, saves the necessity of frequent and tedious repetition, and gives, we think, a wider and bolder view of the subject, is well adapted to the *Materia Medica* and Toxicological part of the work, and has enabled the author to give the minute detail of an amount of material which otherwise would have been impossible, without making it too voluminous; which, as we presume the author intended it as a text book for the students of his class, would not have answered his purpose.

The details of Dr. Mitchell's personal experience in the use of remedies are generally good, practical, sensible and reliable, but we object to his constant quotations from Braithwaite's *Retro-*

spect, Ranking, and the like not that we do not esteem these works as they deserve; on the contrary we think that they sometimes contain much useful information; but they likewise abound in much mere rubbish; new remedies old as the eternal hills, that have been resurrectionized; again buried, and again called into life, to astonish doctors with large organs of wonder and credulity, and to torment their patients.

The fact is, the majority of the contributors to such publications are men of some talent, struggling for a practice; they cannot advertise in the newspapers, because that would be *infra dig.*, and they would by such a proceeding lose caste, therefore the medical journals are the only orthodox means by which they can make themselves known to the public; thus they are constantly on the alert to drag their "*soi disant*" new modes of treatment before the public, "with twenty mortal murders on their heads to push us from our stools," and which, like Shakespeare's cauldron, manufactured phantoms—

"Show his eyes and grieve his heart,
Come like shadows, so depart."

And all this is good and useful in its way; but an over and credulous estimation of such reports is worse than useless, and we contend that it is an over estimation to quote them in standard works, unless proved by the touchstone of experience, as high and reliable authority.

The following quotation is from the author's introduction:

"Possibly some of my readers may be disposed to say that this book should have been called a dispensatory. But having the christening in my own hands, it has seemed good to me to give it the title it bears, and as I think most appropriately. If a dispensatory be not a work on *materia medica*, why is it made a text book by professors, who teach this department of medical science? The fact is too palpable to be misunderstood by men of sound common sense, that a good dispensatory cannot be a bad exhibit of *materia medica*; and it is equally manifest that a well digested work on *materia medica* and therapeutics, even though alphabetically arranged, cannot be a serious hinderance to the study of the teachings of a dispensatory. Vastly fond am I of judicious and real distinctions, but I confess that I have no special regard for a distinction that hardly implies a difference."

We have already given our reasons for considering the alphabetical arrangement as disadvantageous to an enlarged view of

the science of therapeutics, and therefore shall make no further comment.

The subjoined remarks upon the subject of the antagonism of poison and disease, are well and philosophically written. Every medical man of experience must be aware of their truth.

"The point to which I desire to call attention specifically, is one that has entered into my public teachings for many years, and I am free to confess that I do not yet comprehend it fully. I refer to the fact about which there can be no difference of opinion (I mean as to its existence) that decidedly poisonous doses, so far as bulk or weight are concerned, have been frequently swallowed without material injury, and that, too, independently of any condition of the stomach sufficient to account for the result. The doctrine that has appeared to me as the true solution of the problem, is that in the most striking cases on record, the otherwise [poisonous] dose has spent its force on the morbid action present in the system, whatever that may have been, and in this way its legitimate character has not been developed. I have not met with a single direct reference to this view of the case anywhere, excepting in a short article lately published by Dr. Beck, in which there was an incidental allusion to it. I am aware of the effects of habit in controlling the mischievous action of poisons so as to render them quite harmless; but I have no reference to this agency on the present occasion, for that could not meet the difficulty."

"The case most familiar to the profession, illustrative of this doctrine, is the administration of large doses of tartar emetic in the treatment of pneumonic inflammation. Here the dose is often so great as to be exceedingly hazardous if its operation were restricted to the stomach. The idea of tolerance is associated necessarily with the fact that some other organ besides the stomach is to participate in the agency of the remedy; that other organ is the hinge which feels the influence of the medicine in its restoration to the condition of health. Now although we cannot demonstrate all this just as if it were a problem in Euclid, we are compelled to believe that the salutary influence of great doses of tartar emetic in this disease involves the principles which it is our purpose to illustrate.

We do not desire to be understood here as advocating this plan of curing pneumonia, but simply as attempting to account for the result by the obvious antagonism of disease and poison."

The mammoth doses of nitrate of potassa administered latterly in cases of acute rheumatism, are given by Dr. Mitchell as another illustration of this point; and he might have added the enormous doses of calomel which have been administered in fevers, and in Asiatic cholera, without producing salivation.

In speaking of tobacco as an antidote, or a remedy in poisoning by arsenic, he writes as follows :

“ A portion of arsenic fully sufficient to kill under ordinary circumstances, was counteracted by the use of tobacco and without any emetic action. What were the facts with regard to the pathological condition of the stomach ? The arsenic had commenced its appropriate action beyond doubt, as the symptoms evinced : there was very probably set up true inflammation, such as arsenic is competent to establish. How then were the patients saved ? The tobacco was given in strong infusion, expressly with the design of vomiting, and so dislodging the poison. But the emetic action failed entirely, and yet the patients were restored after comparatively little suffering.

I know that it has been said that the arsenic and tobacco formed a neutral mixture, in which the poisonous property of both articles was lost or nullified. But it is more probable that the intrinsic character of tobacco failed to display itself, because its power was spent on the existing morbid condition of the stomach and bowels.”

The author, in treating of counter irritation with tartar emetic, recommends the following combination :

R.	Emet. tart.	℞i.
	Oil Olivar.	℥ss.
	Oil Croton.	℥ss. Mix.

We must confess that we look upon this prescription as rather heroic. Croton oil, even well diluted, has frequently in our experience, produced very severe effects ; emetic tartar, as every body knows, will often produce most painful ulcerations, therefore we do not understand why they should be combined. Dr. Mitchell is evidently a good chemist, and may have discovered, or fancy that he has discovered (which is the same thing now a days,) that croton oil and tartar emetic exert a modifying influence on each other when in combination ; but as he has not favored us with any such developement, we ourselves shall continue to use them separately. We must also object, by the way, to the exceedingly unscientific jumble of languages in this formula, for which we know no authority. We are charitable enough to attribute it to oversight on the part of the author, but it is a dangerous example to set before a beginner.

One author has given us a very good article upon the uses and abuses of alcohol, in the course of which he says, and every member of the profession will agree with him, that it is the duty of

doctors to discourage drunkenness: but we protest against the bad taste of the following remarks:

"On account of its active solvent power, (alcohol,) the books abound with tinctures, and there has been too great a willingness to exhibit them. But, inasmuch as a large majority of the sots have been made so by the doctors through the agency of alcoholic medicines, it is the duty of the profession to correct the evil as speedily as the nature of the case will allow."

We have heard this charge made in the lecture-room, and always regarded it as puerile and ridiculous: such excuses may have been made by sots, who think that by accusing the doctors, they excuse their own brutal vices. But what man of common sense will ever believe that a few teaspoonfuls of a medicinal tincture, taken occasionally, ever truly made a drunkard? No; the fellow who could have the impudence to make such a charge, would have been a sot under any circumstances. The thief might just as rationally excuse his career of crime, by stating that having been once, by his wicked father or employer, left alone with a cent, he took it, and could never again refrain. A tendency so strong is the disease itself, not developed, perhaps, but it is there. As Lord Byron says of friendship between the two sexes,

"It is love full fledged, waiting for a fine day to fly."

Cod liver oil seems to be a favorite subject with Dr. Mitchell; for though he does not give us much of his own experience in its use, which we regret, we should have more faith in it than in Dr. Williams' flourish of trumpets, quoted at length by our author, which reads to us very much like the rhapsody of a very well meaning and learned gentleman on the back of a favorite hobby-horse, which he has previously determined to ride nobody knows where.

Cod liver oil, it would appear, is the fashion, and, as was for some time the case with the iodide of potassium, is now prescribed for every thing. Upon the credit of various high authorities it will cure the following diseases:—Consumption, Bronchitis, Pleurisy, Neuralgia, Liver Complaint, Rheumatism, Tertiary Syphilis, Scrofula, and all its incidental ailments, Gout, Dyspepsia, Leprosy, Impetigo, Porrigo, &c., &c., &c. So that, in short, the fabulous Elixir of the alchemist is at last realized, and in the hands of the speculating apothecaries, who swept the market of all the stinking oil they could find, has doubtless produced a golden harvest.

We have tried the remedial powers of this oil, and found it of service in some scrofulous affections, but we are sorry to say that we have never yet found it of use in any undoubted case of tubercular phthisis. Still, we are willing to continue the trial, and never let pass a favorable opportunity of doing so; for it is our wish to see this remedy, if it be one for genuine phthisis, take its proper place.

But such a system of puff and exaggeration as has been lately carried on in most of the journals upon this subject, is really as pernicious to the interests of humanity, and the true dignity of medical science, as the worst quackery that ever imposed on the credulity of mankind.

When on the subject of calomel, the author makes the following remarks, which are perhaps judicious, but which we fear might be construed into an apology for ignorance on the part of some blundering or uneducated shop boy.

"As a thing of mere expediency, not to say safety, I hold the word calomel to be preferable, in our written prescriptions, to any other term; and the same remark is of equal force touching corrosive sublimate. By these common names all persons, boys or men, engaged in dispensing medicines, know the one, and the other. But all do not comprehend the more correct technicals, which are oftener employed to display the imaginary knowledge of the doctor, than because they are really to be preferred. Fewer blunders would occur, if we invariably used the old terms."

We regret that want of space prevents our quoting more extensively from Dr. Mitchell's book. Notwithstanding the fault which we have presumed to find with certain portions of it, we cannot conclude without repeating our good opinion of it as a whole—recommending it heartily to the perusal of all persons interested in such subjects. To the young practitioner and the medical student we think it will prove a valuable assistant.

The Diagnosis, Pathology, and Treatment of the Diseases of the Chest. By W. W. GERHARD, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, one of the Physicians to the Pennsylvania Hospital. *Third Edition, Revised and Enlarged.* Philadelphia: Ed. Barrington & Geo. D. Haswell. 1850.

Those who acknowledge the importance of physical diagnosis in diseases of the chest—and who does not?—will hail with pecu-

liar pleasure this new edition of a popular work from the hands of a "master in Israel." The name of its author is closely associated with this subject as one who has done much in its elucidation. This edition contains a variety of new matter, besides a more full development of many portions of the former one. A statement of the effects of cod liver oil in the treatment of consumption is among the novelties introduced. In regard to the question whether cod liver oil ever cures phthisis, the author remarks, that he has "never yet met with a case in which the physical signs, as well as the general symptoms, have entirely disappeared. Indeed, in most cases of the disease, we do not find that the physical signs diminish as decidedly as the general symptoms." The author remarks that sometimes they even increase while the patient is gaining flesh, and his fever is considerably lessened. In these cases the deposition goes on, while the patient becomes less sensible to its effects, and thus even gains flesh. He (the author) therefore concludes that cod liver oil is not a specific against phthisis; it simply increases flesh, notwithstanding the disease; and sometimes may indirectly bring about a permanent cure in cases in which the tuberculous tendency has been ameliorated, and is therefore readily removed. He thinks, too, that cod liver oil will be more certainly useful in those cases in which patients are evidently disposed to consumption, and have inherited a strong tendency to it, although it is not yet developed. Under these circumstances, "where the patient is already thin or slightly emaciated, he directs it to be taken as an article of food rather than as a medicine." In these conclusions we entirely agree, as we have elsewhere in this number, it not yet having fallen to our lot to meet with more than improvement in the general health, in any case of decided phthisis in which we have used it. The following are the results obtained in the Pennsylvania Hospital during a trial of six months; the statement was prepared by Dr. Levick, one of the resident physicians:

"1st. *Of the Oil.*—That the light colored oil can be taken without difficulty by patients whose stomachs have steadily rejected the brown oil.

2d. *Of the mode of administration.*—That a few of the patients have taken the oil without any adjunct to disguise its taste. That its nauseating properties are corrected by its administration with milk; but that its taste is most effectually disguised by the froth of porter.

3d. *Of the time of its administration.*—That as a general rule it has been taken *before* meals, but that in four instances where it was not tolerated before meals it was readily taken after meals.

4th. *Of diarrhœa as a contraindication to its use.*—That the existence of diarrhœa is not a positive contraindication to its use. In three instances in which patients were thus affected, no increase of the symptoms was produced by its use, and no diminution by its abandonment. In a fourth instance, when the diarrhœa had previously existed, the discharge appeared to be increased by the exhibition of the oil, and abated with its withdrawal.

5th. *Of its effects in cases of phthisis pulmonalis.*—That patients using the oil have increased in flesh, in weight, and strength. That while using the oil, their cough and expectoration have diminished; that with some, hectic and rigors have entirely disappeared.

That six of them have been so much benefitted as to leave the hospital and resume their former occupations. That in one instance, a patient who entered the hospital with cough, copious purulent expectoration, extreme emaciation, inability to leave his bed, and with the physical signs of a cavity under the left clavicle, after six months use of the oil left the hospital weighing 140 lbs., with little or no cough, no hectic or rigors, and with an almost entire absence of expectoration: the physical signs having greatly diminished.

6th. *Of the physical signs.*—That the improvement of the physical signs is not coincident with that of the general symptoms.

7th. *Of its use in general scrofula.*—That in scrofulous diseases, where there was no reason to expect the existence of pulmonary tubercles, the improvement of the patient's health has been very decided.

8th. *Of congestion of lungs as produced by cod liver oil.*—That there has been no decided evidence of such a result following the use of the oil in the preceding cases. [Two patients of the twenty while using the oil had severe attacks of hæmoptysis, but there was no reason to refer them to the use of the remedy.]

9th. That in those cases which have terminated fatally, the appetite, the nutrition, and strength of the patient appeared for a time to be decidedly increased; that the life of the patient appeared to be in this manner temporarily protracted; but that for a few weeks immediately preceding death the remedy seemed to have entirely lost its value.

10th. *Length of time, &c.*—That to be of any decided permanent benefit its use must be steadily persisted in. It should be continued even after the most striking symptoms of the disease have in a great measure disappeared."

A short supplement on Spirometry concludes the work, a mode of exploration discovered by Dr. Hutchinson, and of which a brief

notice was given in a review of Kirkes & Paget's Handbook of Physiology in this Journal, and which seems destined to throw light on the subject of physical diagnosis, even in cases where auscultation and percussion fail, as was seen in the case of Freeman, reported by Dr. Hutchinson, in which the Spirometer revealed disease not discoverable by the ordinary means of exploration. The profession owes a debt of gratitude to Dr. Gerhard for the excellent work with which he has presented them, a feeling which we hope will be substantially manifested in the rapid sale of the present edition.

Researches on the Natural History of Death. By BENNET DOWLER, M. D., of New Orleans. 8vo. pp. 22.

Various circumstances have interfered with our intention to acknowledge the receipt of Dr. Dowler's characteristic essay at an earlier date. We have further to regret that similar interruptions will compel us to confine the present notice of his views within narrower limits than the importance of the topic may demand.

No one, who reflects that in the midst of life we are in death, can fail to take a deep interest in every intelligent and independent discussion of the momentous question to which the doctor's paper is devoted in the present instance. We gladly undertook the examination of these "Researches" therefore, and would still more gladly introduce them to our readers sufficiently *in extenso* to enable them to speak as effectually for themselves to others as they have to us, if such a course were practicable in a brief review of an article which itself is entirely too brief and occasional in character to admit of lengthened critical analysis.

Without attempting "a formal monograph on death," or "even an outline of the several branches of the natural history of death," he has given to his readers, in the course of twenty-two pages, (written, according to his own account, "in fragments, one portion having been in the printer's hands while another remained to be written,") an amount of information and highly suggestive speculation that is not only curious in itself, but entitled to attention as the offering of a physiological observer of established experience and sagacity. Indeed, with all due deference to our

author's other inclinations, or perchance more important occupations, we think his readers would have been much more thankful, and much better able to do justice to his work, had he chosen to spend a little more time and pains upon its elaboration. Grateful as we are for the favor of his lucubrations on the subject, their very richness in fact and illustration has filled us with regret that the formal monograph disclaimed, or, at any rate, that "an outline" were not the actual result. The "preludes" of death, he tells us at the outset, "its characteristics, general and special, its progress, its prognostics, and its pathological anatomy, will be omitted, not for want of facts, but because the facts I have collected on these subjects are too numerous and unwieldy for the narrow limits to which this paper must be restricted. The pathological anatomy of death, the changes due to the agony *itself*, its immediate antecedents and effects, physical and physiological, including the order in which functions cease, and tissues die, together with the resulting anatomical alteration, being subjects of great importance, and deserving of the fullest investigation, cannot be disposed of in a summary manner. The period intervening between the agony and the usual time of post-mortem examination is rich in facts which have been too much neglected." All this is doubtless as true as words can make it, while it tells our trouble at the present writing just as clearly. It is the old story over again—so much to do, and so little time to do it in. Hence our tears. We hear of the great treasure which "still so near us, yet beyond us lies;" we are graciously allowed a glimpse of it, and see and taste just enough of its mysterious wealth to make us hunger and cry for more with all our might.

The leading object of the author seems to be to notice, "more as an experimenter than as a critic," "the criteria of the certainty of death, particularly the tests of death as set forth by the recent proceedings of the Academy of Sciences of Paris, in the award of the Manni prize." He endeavors to show that the means of distinguishing real from apparent death, proposed by the successful aspirant, M. Bouchut, and sustained by the Academy, are not by any means as conclusive as the French savans would have us to believe. But in thus destroying the fair fabric of our Gallic compeers, erected on the discovery of the test by auscultation of

the heart's action, Dr. Dowler hastens to calm the fears of the most timid of his readers with a triple source of consolation.

Not content with assuring us in the strongest manner, what we fully believe, that *bona fide* premature interments are rare almost to an infinite degree, and that the ordinary signs are all-sufficient, he proposes a test of death himself, which he considers more available, as well as more reliable, than that of M. Bouchut. This substitute for auscultation, is not, we are told, the result of mere closet speculation, but "is founded on numerous prolonged experiments, probably one thousand, made directly on several hundred bodies." For the reasons already given in regard to the unavoidable omission of many interesting topics, nothing is said, in this discussion, "of the peculiar physiognomy of the dead, the lividity and cadaveric injection of dependent parts, the flattening of the tissues that sustain the weight of the body, and the other signs of death of minor importance," among which we may enumerate loss of elasticity, opacity of the fingers, the peculiar inward flexure of the thumbs, the expulsion of alimentary substances from the mouth, cessation of capillary circulation, and loss of susceptibility to the action on the skin of external irritants.

Following our author in his own way and order, we have first to call attention to a few remarks respecting contractility and two or three other so-called phenomena of life alone. He repeats, what he has often said elsewhere, that "contractility, animal heat, capillary circulation, and the like, do not prove the body to be alive in the popular, legal, and utilitarian sense." "As to what is commonly called life, the body may be wholly deprived of it without necessarily losing muscular contractility or muscular life." "Life is an aggregation of vital phenomena, or of means and ends; death is a destruction or alteration of these means and ends: all those vital phenomena which remain after the extinction of all the useful means and ends of life do not really constitute life in its ordinary acceptation or essential condition, implying thinking, feeling, willing, and acting." "Contractility, in its isolated character, does not prove that life is present in its ordinary or utilitarian sense; nor is rigidity, as is generally assumed, absolutely incompatible with the contractile power. These forces are neither incompatible nor identical, much less are they connected as cause and effect."

In regard to *rigidity* as a criterion of death, we may as well place in this connection the addendum on that subject with which the tract concludes:

“Rigidity, as a criterion of death, is inconvenient in practice, as it may be tardy in its appearance, and occasionally absent, or of very short duration. Hence its verification requires the constant presence of the physician; otherwise, it might appear and disappear during a short absence from the corpse, throwing doubt on the certainty of the death, and causing delay in the burial. Still, however, it is a sign of great value, and the manner or order in which it disappears is highly characteristic. The suppleness or relaxation of the muscles very generally take place first in those parts that were the first invaded by the rigor mortis, as, for example, in the neck. Rigidity is liable to other objections: it may be simulated; it may originate mesmerically, and convulsively.”

Cadaveric rigidity, however, is more easily overcome than the simulated, and when overcome it does not return. It somewhat resembles also the stiffness of congelation, but need not be confounded with it. Rigidity in the corpse is best recognised, as our author intimates, by its successive phenomena in progress; and above all by the peculiar relaxation which succeeds it. Relaxation following rigidity, in the opinion of good authority, is one of the most confirmatory signs.

In continuation of the pamphlet, we next have a very entertaining and instructive historical sketch of the inquiry, especially in its relations to the institution of the prize under the auspices of the Parisian Academy. This, together with a digression by the way respecting early post-mortems in warm climates, and sundry other matters, we would be glad to lay before our readers in the doctor's own words, if the space had been allowed us.

After some five pages of these curiosities of resurrectionary experience, he returns to the Manni prize. This was placed, by a royal decree, at the disposal of the French Academy in 1837, and had been founded “with the hope,” for obvious reasons, “of discovering some other satisfactory sign *anterior to that of decomposition*. According to M. Bouchut, the successful candidate, the “certain signs of death are *immediate or remote*. The first consists in 1, the prolonged absence of the sounds of the heart; 2, the

simultaneous relaxation of the sphincters; and 3, the sinking of the globe of the eye, with loss of transparency of the cornea. The first of these, alone, is regarded by the committee as conclusive. The *remote* signs are: 1, cadaveric rigidity; 2, the absence of muscular contractility under the influence of galvanism; and 3, putrefaction."

Dr. Dowler's first objection to the principal or cardiac test, that its application must be limited, "because there are but few good stethoscopists among good practitioners, and in the best hands, certainty is often not attainable," is certainly not a strong one against its scientific value. For granting that the "actual state of auscultation" is so lamentably low, the distinction in this case to be ascertained, is not between certain sounds of the heart under different states of action, but between the presence and absence of any kind of sound whatever—a distinction which can be made by any one possessed of hearing, whether that hearing be previously sharpened by exercise or not. It would be hard to imagine any sound in the thorax, especially in the cardiac region, of a corpse, that could be mistaken for that of the pulsation of the heart; at all events we are not aware of any yet on record. The next objection is much more to the purpose, although even there the learned experimentalist, in our humble opinion, is running a little too far in his comparative physiology, in spite of the excuse he gives when he cites the hearts of alligators in his illustration of the same organ in man. But let us hear him in his own words:

"The Academy, and M. Bouchut, take for *granted*, that which may not be *true*, and *which is the very thing to be proved!* Who has proved that the heart, like the pulse, like every other organ, may not fall into *temporary quiescence or inaction?* May not the heart itself suffer apparent not real death, as all analogies drawn from other muscular organs teach? The sphincters, uterus, intestines, and stomach, the respiratory, lingual, ocular and locomotive muscles may be palsied, inactive, apparently dead for a time. It is a downright begging of the question, to assume that the heart *cannot itself fall into this very state of apparent death.* The natural history of the movements of the heart, indicates the probability of a temporary suspension of action; at one time it gives 200, at another 8 or 10 strokes in a minute; it intermits, or is irregular. In cholera it is probably cramped in some cases; temporarily quiescent in others. Moreover, it has, in common with other muscles, a kind of life of its *own*; it is not the known sole criterion of gene-

ral life. Comparative physiology shows that an animal may live hours without the heart, and the heart for days* without the body. An alligator's heart will act with regularity for many hours, perhaps for days, after having been cut out of the body, and emptied of its blood. Let an alligator thus deprived of its heart, be roasted; return its heart, and apply the stethoscope, and then the dead will afford this certain sign of life! The commission of the Academy cannot object to this argument, because they themselves experimented on the inferior animals in testing M. Bouchut's claims: as for myself, I have shown, in my published papers, that I attach less importance to comparative physiology, as the interpreter of human physiology, than systematic writers do themselves. If I take their own point of departure, they can require nothing more.

"M. Dumas, author of the Article *Cœur*, in the Dictionnaire d'Histoire Naturelle, quotes Bacon, Haller, and Diemerbroeck, who state, that in man the heart may be removed without suddenly extinguishing life, and that men have looked about, spoken and prayed after having lost their hearts by the executioner; though M. Dumas does not vouch for the truth of these statements. (iv. 289.)

"Moreover, has any one asserted, much less has any one proved, that the action of the heart is always appreciable; that it never can be so feeble as to escape observation, remote as it is from sight, and even from the hearing? To say with the Academy, that a *prolonged absence* of cardiac sounds, is an absolute proof of death, is vague and unsatisfactory; *prolonged absence* of animal heat, or of respiration, would equally prove the reality of death, not to mention other tests, as rigidity, &c.

The very object contemplated by the Manni prize, is to dispense with this prolongation; for if a prolongation be necessary, there is an infinitely better test; one absolutely certain, the characteristics of which all know as well as the Academy, namely, putrefaction, and which ought not to have entered into the enumeration of M. Bouchut at all. Had M. Bouchut adopted as the criterion of death, the prolonged absence of respiration, the rest had been equally, nay more certain, and, withal, of easier application, than the uncertainties of auscultation. "If the respiration," says Dr. Paris, "be suspended only *five minutes*, we may conclude that life is fled forever. Of all the acts of animal life, this is by far the most essential. Breath and life are properly considered in the Scriptures as convertible terms; and the synonyme, as far as we know, prevails in every language."

*This I cannot vouch for as an observation made by myself, but Dr. Lindsay, of this city, has seen the separated heart of the alligator still in action, on the second day after its removal from the body, which I fully believe, though I have never watched the heart more than 6 to 9 hours continuously after separation.

"As M. Rayer, the reporter, and his coadjutors of the committee, regard this auscultatory test as the principal feature of M. Bouchut's essay, it is proper to look a little further into this matter. M. Rayer and the commissioners made some experiments on the human subject, and on animals; from which they conclude, with M. Bouchut, that "the absence of pulsation of the heart for *five minutes* leaves no doubt of the cessation of life;" but how many experiments they made does not appear: let us suppose fifty. Now from the very nature of the case, this is but a negation; a *non sequitur*; for it might have happened, that all, or a portion of the next fifty cases would have revived after a *temporary cessation* of the heart's action. Suppose the commission had tried the non-respiratory test for the same period, namely *five minutes*, would they have found any revivals? Would they not have been able to draw a conclusion equally certain?"

In conclusion of this branch of the argument, we may as well annex another "*addendum*" of the author, which he has inserted as an afterthought at the end of his pamphlet. It is no doubt well known to many of our readers.

"Mr. John Hunter, the celebrated surgeon, long before death, had according to his own statement, (confirmed by his medical attendants, Sir George Baker, and Doctors William Hunter, Huck, Saunders and Fordyce,) an alarming spasmodic attack, in *which the heart's action entirely ceased for three quarters of an hour*. 'This curious fact in physiology, says his biographer, has never been satisfactorily explained.' Mr. Hunter's intellectual powers remained unimpaired. He sustained his respiration by forced, or rather voluntary efforts."

Next we are treated to the "Shaksperian criteria of death." These "will probably not fail once in a thousand years, if ever." We omit the verse, giving only the paraphrase in prose: "The circulation ceases; the body cools; the breathing ends; an ashy paleness replaces the natural hues; the cornea grows dim and relaxes; rigidity prevails. These signs may safely challenge, for certainty, all those of the stethoscopes of the whole academy."

The ordinary tests of respiration, such as the motion of the chest, ascertained by sight, and the action of the breath itself in misting the looking glass and agitating the suspended feather, although good tests, may be fortified, according to our author, "by other respiratory phenomena which have been little noticed in this connection, by poets or physiologists, namely—the *peculiar progressive, or rather retrogressive manner by which respiration*

recedes from the lungs to the trachea, from the latter to the larynx, from the larynx to the mouth, and from the mouth to the very lips; this is characteristic, nay, conclusive, if I may judge, of true death, though I do not know that it has ever been regarded at all. It is indeed very different from the cessation of breath in cases of suspended animation, or apparent death, in hysteria, catalepsy, croup, convulsion, stagnation, fainting and the like. The manner of the cessation of respiration, though indescribable to the inexperienced, is very peculiar, and is the earliest absolute sign of real death. The præ-mortem signs are very conclusive." This is all, doubtless, very true, but we need hardly stop to say why their applicability as tests must be limited to a comparatively small number of cases. M. Bouchut's second great sign of death, sustained by the academy, the relaxation of the sphincters, is totally discredited by Dr. Dowler. In denying its authority, the latter speaks from "an experience in this particular line that probably has never been equalled—an experience incidental to several years' experiments on animal temperature—a single experiment often costing several hours, during which thermometers have been repeatedly passed within the sphincters." "The latter," continues the Doctor, "with very few exceptions, contract strongly after death. Relaxation of the sphincters is not a post mortem, but an ante or præ-mortem phenomenon. It happens sometimes as a disease, and is not a fatal symptom."

The third and last sign relied on by M. Bouchut and the Academy is not more satisfactory to our investigator. He insists with great reason that it fails in uniformity, whether we study its condition before or after death. We know that it is sometimes a well marked ante-mortem symptom, and that at other times it is absent for some time after vitality has ceased. So much for the Academy and its chosen apostle. We have seen the different fragments of their really noble monument to the philanthropy of the Italian abbé, and their own scientific enterprise, one by one assailed, if not actually demolished. We turn now with renewed interest to the single pillar which our worthy friend has undertaken to plant in opposition to the more imposing structure of his brother savans. Let him speak to us once more in his own language :

"I propose the thermometer as a means of testing death, possessing, as it does, superior certainty over the stethoscope. The latter

method takes for granted, that in apparent death, the heart's action continues; that it cannot be for a time suspended, and that its action can always be heard! The very analogies of apparent or temporary death seem to oppose or contradict these assumptions. The analogies and the positive facts known of animal temperature, teach that, during life, the body is not heated and cooled like inert matter. Place two or three thermometers in the arm-pits—in the bend of the arm, (the fore-arm being flexed,)—in the mouth and within the sphincters, to ascertain the heat of the surface, and of the centres, (the rectum is the best and most accessible centre.) The application of the thermometer requires no skill, and is open to the inspection of all, and is a test for all the warm blooded animals, at least for man. While the auscultatory test takes for granted that there can be no temporary inaction of the heart, and that all its motions can be heard; the thermometrical test takes nothing for granted without the most indubitable proof. Its great axiom is that man, in his living state, maintains an uniform temperature, independent of the surrounding media, while a dead man, like other inert matter, has no independence of this kind, but steadily responds to, and is governed by, calorific conditions altogether physical—heating and being heated, receiving and radiating caloric. This is not the result of speculation, but of prolonged and varied experimental research.

“The refrigeration of the body before death, in cholera, congestion, and the like, is not physical refrigeration, responding to the calorific condition of the surrounding media; it is a morbid, or physiological caloricity, which, for a time, augments or continues stationary after death, until it shall be replaced by physical refrigeration, as its phenomenal history clearly shows.

“The facts which I have published concerning post mortem caloricity, do not invalidate this thermometrical test; for soon, or late the physical refrigeration must take place. I may here add, that the speculative opinion which prevails among those who do not take the trouble to make experiments, namely, that these calorific movements are the effects of putrefaction, is wholly unfounded (so far as it regards the human subject;) how much soever it may be countenanced by certain analogies derived from other inert matter. The calorific, and the putrefactive periods, so far from coinciding, antagonize each other, so long as the heat is not in accordance with the ordinary physical laws of caloric. The point of coincidence and equilibrium, is really the point of putrefaction, unless the circumstances be of an extraordinary character, such as involve the freezing point, or that of torrefaction. But the predomination of the invariable law of physical refrigeration, is a criterion always attainable, and may be proved, as to its times, distances, and velocities, by arithmetical calculation; ascertain the temperatures of the media,

and of the heated body ; the velocity of the refrigeration will be proportioned to the times and distances, and will proceed from the surface to the centre, until the equilibrium be attained. The only objection that lies against this rule relates to calorific conditions, where the differences between the heated body and the media are very slight ; but this is of no importance in practice, because there is always a marked difference between the average temperature of the air in the shade, and that of a living, or recently dead person."

In thus bringing forward his substitute for the Bouchut test, Dr. Dowler seems to have covered the ground in behalf of its superior certainty and availability, and to have met the practical objections to it well enough to satisfy an attentive reader previously familiar with the subject. It is a matter of regret, however, that in the introduction of so important an adaptation of a striking physiological truth, he has not taken the time and trouble, albeit at the expense of other matter, to explain his views, and especially his practical deductions, with more fulness and precision. It would not have been hard for him, with his idea of its extreme simplicity, to bring the application of the test he advocates, at least as much within the reach of general readers, as M. Rayer and Bouchut have brought the test which he rejects. The philosophy of vital heat, and of its præ-mortem and post-mortem changes in different parts of the body, under various internal and external influences, including the best mode of appreciating their condition and their results, is not quite so easily comprehended, even by the trained observer. It is certainly not less puzzling than the simple axiom of the incompatibility of the slightest sound of cardiac pulsation with actual death, and *vice versa*. There is no doubt about the change of temperature after death ; and he who runs may read how low the thermometer has gone in any given case and in the course of a given time. But it is not every one who can so calculate "the times and distances" as to tell how low the thermometer ought to go, or how rapidly it ought to fall.

Dr. Dowler is not singular in his denial of certainty to the inaction, or inappreciable action, of the heart as an evidence of death. The merely negative assertions of the Academy, founded on a limited experience, which determined five minutes to be the longest possible suspension of the cardiac action during life, had been nullified by the positive data of Braschet and others (supposing

them to be worthy of respect) before the scruples of their American antagonist had been presented to the public. M. Braschet informs us in his protest,* that he had repeatedly restored the vitality of infants, in whom no pulsation whatever could be discovered, from fifteen to thirty minutes, although his mode of sub-diaphragmatic exploration (i. e. the application of one or two fingers under the ribs, and between the diaphragm and liver directly under the pericardium,) practised by himself extensively for thirty years, is, in his opinion, as effectual as the nicest auscultation. This writer furnishes his readers with two recent examples, in point. The first was that of a child, who had revived after *twenty minutes'* insufflation, although during that time no trace of pulsation could be heard or felt. The other was that of a man æt. 33, whose heart presented no contraction that could be detected during at least eight minutes, although the ear was applied again and again. *Twenty minutes* after the suspension of its action a slight contraction was perceived in the heart; its pulsations then became regular, and the patient opened his eyes. "Boiling water was thrown upon the limbs" of the poor man, and every possible external stimulant was applied, doubtless including artificial heat; so that, in the latitude of New Orleans, he might have been stripped for the tender mercies of the ice-box or dissecting table, or perchance enclosed in his coffin for immediate interment; almost before refrigeration could have had a chance to display its progress on the most susceptible thermometer. A medical friend of ours, in the course of a steamboat voyage up the Mississippi last summer, was present at the digging of a grave on shore, intended for a fellow-passenger, who was dying of cholera. The poor creature had gone on with his apparent refrigeration, while his provident undertakers were at work upon his contemplated lodging. He disappointed them at last, however; for when they were ready he was not, inasmuch as, although the heat had left his body, the breath was still in it. We do not know that such *contre-temps* as this ever happen in New Orleans to embarrass the preparation for the premature examinations which are common in that city. Sure we are, however, that we should have little faith in any sliding scale of refrigeration, however central in its appli-

* Gazette des Hopitaux, No. 135.

cation, while such a complexity of horrors were menacing our closing hours. With the scalpel already bared on the one hand, a yawning grave on the other, and no other admissible alternatives but the ice-box or putrefaction, we would rather a thousand times encounter the worst exhalations of a dead-house than trust the disposal of a friend's remains to the decision of the best thermometer that ever was made.

After all, the difficulty is vastly more apparent than real. At the present day, especially, is it infinitely more serious in theory than in practice. Premature interments and marvellous revivals appear frequently enough among the items of the newspapers; but in the grave-yards themselves, at all events in the British, German, and American burying-grounds, such accidents are utterly unknown. It is otherwise among the French, if we are to listen to the startling representations of their numerous writers on the subject. There is every reason, however, to accord with Dr. Dowler and the *London Quarterly Review** in estimating the statistics and various romantic stories of Bruhier, Louis, Thierry, Nysten, Fontenelle, and others, as so many draughts on the credulity of a wonder-loving public.

The signs of death, properly so called, should be studied under different aspects. First, when the opportunity allows, they should be watched in their progress before, as well as directly after, the final change; secondly, in their succession after death; and, lastly, in their assemblage as a whole. Many of them are important individually, but it is in the last named general view that they become, in spite of adverse theory, sufficiently conclusive for all practical purposes.

Having disposed to his satisfaction of the prominent points in the discussion of the criteria of certain death, our author continues his "Researches" in some seven pages of highly interesting miscellaneous matter, embodying a variety of curiosities of medical and philosophical experience, chiefly relating to the "*agony*" of death. This portion of the pamphlet we are compelled to pass without further comment than to recommend it to the attention of all who have time to avail themselves of the inexhaustible ingenuity and reading of its author.

To return for a moment to the question of the difference be-

* No. clxx, Oct., 1839.

tween real and apparent death, we cannot do better than to conclude with the closing survey of a recent French reviewer in the *Gazette Medicale*. We present it as much for the summary it gives as for the precept it enjoins. "Experience," says he, "has shown the insufficiency of each of these signs, with one exception—*putrefaction*. The absence of respiration and circulation, the absence of contractility and sensibility, general loss of heat, the hippocratic face, the cold sweat spreading over the body, cadaveric discoloration, relaxation of the sphincters, loss of elasticity, the flattening of the soft parts on which the body rests, the softness and flaccidity of the eyes, [the loss of catoptric reflection too, and opacity and dryness of the cornea,] the opacity of the fingers, [and, we may add, the peculiar inward bending of the thumbs,] cadaveric rigidity, the expulsion of alimentary substances from the mouth; all these signs combined or isolated, may present themselves in an individual suffering only from apparent death. Doubtless their complete co-existence, except in case of actual death, is extremely rare. Doubtless, too, some of these signs have so discouraging a signification, even separately, that their presence is equivalent to a sentence of death. Still, in so grave a matter the very rarest exception possesses an infinite value. We will go farther and say, that it ought even to weigh as much as the rule itself in governing the conduct of the physician and attendants. Here, if ever, is the axiom, *Melius anceps quam nullum*, to be applied. Were the chances of success only one in a thousand, one in ten thousand, or a hundred thousand, every precaution, every measure likely in a remote degree to realize such success, becomes a bounden duty."

Human Physiology. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia, Vice President of the Sydenham Society, London, &c., &c. *With nearly five hundred illustrations. Seventh Edition. Thoroughly revised, and extensively modified and enlarged.* In two vols. Philadelphia: Lea & Blanchard, 1850.

In our last number we announced a fourth edition of the well-known work on *Materia Medica and Therapeutics* by the author of the above treatise, and close upon it follows a seventh edition of the "*Human Physiology*," thoroughly revised and modified—a labor which those only who have kept pace with the rapid strides of Physiology, and the kindred sciences of General Anatomy and

Organic Chemistry, can appreciate. The author informs us that the whole work has been subjected to a rigid scrutiny, both as to the doctrines contained in previous issues, and the language in which they were conveyed, and the result is a work of all the evenness of style so much to be desired in the production of a treatise to be placed in the hands of the younger portion of scientific inquirers. Some idea of the labor expended upon this edition may be had from noting, that the bibliographical list of authors referred to in its preparation extends over nine closely-printed pages, and includes all that has appeared, either in distinct treatises or monographs, since the last edition. As to the manner in which the work is executed, those who are familiar with previous editions need but to be told that this is fully brought up to the day, and presents faithfully the existing state of the science. Where all is excellent it is hard to particularize; we therefore commend the book to the student as the best exponent of the science of Physiology with which we are acquainted, and can heartily sympathize with Dr. Dunglison in the satisfaction with which he has produced a work which redounds so much to his credit, and to that of the profession of which he is so valued a member. The typographical execution is excellent. We notice that many of the old cuts have been replaced by new ones, while additional ones have been introduced, thus greatly enhancing the value of the work.

A Practical Handbook of Medical Chemistry. By JOHN E. BOWMAN, Fellow of the Chemical Society, Demonstrator of Chemistry in King's College, London, and Author of "Practical Chemistry." Philadelphia: Lea & Blanchard, 1850.

The little work whose title heads this notice fills the vacancy that seemed to be left in the "Introduction to Practical Chemistry" by the same author, which was brought to the notice of our readers about a year ago. To the student of medicine and the practitioner this will prove particularly acceptable, by supplying him, in a clear and compendious form, with information too rarely obtained from his teachers, especially in relation to the analysis of urine, blood and the detection of poisons in organic mixtures, and which most frequently he obtains only through the assistance of others, who have more leisure or more experience than himself. The work is divided into five parts: Part I. is of URINE. The first Chapter

contains an account of healthy urine, and its various constituents, Chapter 2. The Qualitative Analysis of Healthy urine. Chapter 3. Average composition of Healthy urine. Chapter 4. Morbid urine, and the various extraneous matters met with in it. Chapter 5, is on the Qualitative examination of urine suspected to contain either an unnatural proportion of some one or more of the usual ingredients, or some abnormal matter. The various abnormal substances are detailed, and plain directions given for their detection. Chapter 6, is on the Examination of Morbid urine, the nature of which is unknown. Chapters 7 and 8, relate to the qualitative analysis of diabetic and albuminous urine. Part II. relates to Calculi and their concretions, both urinary and biliary. Part III. is on the blood—its quantitative and qualitative analysis. Part IV. describes Milk, Mucus Pus, Bone, etc.; and Part V. and last treats of the detection of poisons in organic mixtures, etc. of the former of which the most common are detailed, in connection with their tests; to which is added the method of examining an organic mixture suspected to contain some mineral poison, the nature of which is unknown. From this list of the contents of the work, our readers will be enabled to form an estimate of the amount of useful matter contained in it. We commend it most cordially to their sedulous examination as a reliable handbook, more especially to those whose locations do not admit of ready appeal to others more conversant with these important aids to diagnosis.

British and Foreign Medico-Chirurgical Review. July, 1850.
American Edition. New York: R. & G. S. Woods.

We have received the American reprint of this valuable periodical, which is offered to the profession in this country at the moderate rate of three dollars per annum.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCTOBER, 1850.

COMMENCEMENT OF THE WINTER SESSIONS.

Before another number of our Journal shall be issued, our various Medical Schools will be actively engaged in the responsible duty of professional education. Already do we notice the appearance in our thoroughfares of those who have sought Philadelphia for her well known and justly appreciated advantages in medical instruction. Great as may be their anticipations of a rich harvest, we feel assured that they will not be disappointed, but that they will return to their homes at the close of the session more deeply than ever impressed with the conviction that here may be attained all that the most zealous and aspiring student can desire. It is predicted by those knowing in these matters that the classes at the various schools will be larger than at any previous season. We trust that their anticipations may be realized. It is fortunate that our extended territory will give the young aspirants room to flourish in after graduation.

Drs. S. D. GROSS AND ELISHA BARTLETT have been appointed to the chairs of Surgery, and Institutes, and Practice of Medicine in the University of New York. Both these gentlemen held the same chairs in the University of Louisville, of which institution they were valued and efficient members. Dr. Gross, is well known as the author of an admirable and standard work on *Pathological Anatomy*, and as editor of *Liston's Elements of Surgery*. And Dr. Bartlett as author of a work on *Fevers*, most favorably received by the profession; and of an *Essay on the Philosophy of Medical Science*, and one on *Certainty in Medicine*.

The faculty of New York University have added to their strength in these appointments, and we congratulate them on having secured the services of such experienced collaborators.

Dr. Baxley of Baltimore has received and accepted the appointment of Professor of Anatomy in the Medical College of Ohio, to fill the vacancy created by the death of Dr. Shotwell. All the chairs in this Institution are now full, presenting an able and accomplished corps of teachers.

DEMONSTRATIVE MIDWIFERY, AGAIN.

We stated in our last number, that the favorable opinion of this method of teaching, as once expressed by us, and since withdrawn, was based upon *erroneous information*. We wish it to be distinctly understood that that information was not derived from *any one connected with Buffalo Medical College, either directly or indirectly*.

QUERIES ON THE INFLUENCE OF TOBACCO.

We have been requested by a much respected friend, to lay before our readers, some queries recently addressed to him by an English Surgeon in relation to the influence of Tobacco upon the health, in hopes that some of our readers would be able to afford the desired information. He says, "many circumstances of late have occurred, in which I have seen the most injurious effects of the use of tobacco upon the nervous, circulatory, and digestive functions. A friend of mine became a perfect hypochondriac by the use of snuff, and was at once relieved by leaving it off. Upon returning to the use of it, he again suffered as before, and was again relieved by ceasing to take it. Here there was no doubt. Another gentleman was covered with an eruption resembling psoriasis, from head to foot, and got well immediately when he left off the use of snuff. Three times he suffered a relapse upon taking snuff, and was cured by leaving it off. In many smokers, I may say all, I have found heart disease or confirmed dyspepsia. If you can help me with any statistic accounts of disease of the heart and arteries, of brain and nervous system, and of the stomach and chylopoietic viscera, and cancer of the mouth and lips, I should feel greatly obliged. If to these you could add any data of the use of tobacco by the sufferers, it would greatly enhance their value."

The subject is a deeply interesting one, and we trust that out of the large experience of our readers, something may be gained to illustrate the effects of this agent upon the economy.

DEATH OF DR. HARTSHORNE.

Died at *Brandywine Springs*, near Philadelphia, on the 20th of August, Dr. JOSEPH HARTSHORNE, aged 71 years.

Dr. H. was one of the oldest practising physicians in Philadelphia, and until within a short period of his death was actively engaged in professional duties. The virtues of his character, and the high estimation in which he was held by his associates, are better expressed by the subjoined resolutions, than by any words of ours; to them, therefore, we leave the grateful duty of commemorating them.

At a session of the College of Physicians of Philadelphia, specially convened on the 26th of August, 1850, that the Fellows might have an

opportunity to take such action in reference to the loss they had sustained in the demise of their late colleague, Dr. JOSEPH HARTSHORNE, as their feelings should dictate : the Vice President, Dr. Charles D. Meigs, introduced the subject of the meeting by a few remarks on the professional standing and private worth of the deceased ; after which, the following Resolutions were presented by a Committee, consisting of Drs. Bell, Parrish, and Hallowell, appointed to prepare them, and unanimously adopted.

Resolved, That the College learn with deep emotion, the melancholy announcement of the death of its esteemed Fellow, Dr. JOSEPH HARTSHORNE.

Resolved, That in giving utterance to their feelings at the event, the Fellows of the College are sure to express, at the same time, those of the Profession of which the deceased was so long an eminent and esteemed member, and of the community amid which he toiled so faithfully and so ably.

Resolved, That the example given by the deceased, of devotion to his professional duties ; of great skill joined to a frank and manly bearing in the exercise of them, be received by us as an example worthy our imitation.

Resolved, That a Fellow of the College be appointed to prepare a biographical notice of the deceased, to be read before the College, and inserted in its Transactions.

Resolved, That a Committee be appointed to communicate to the family of Dr. HARTSHORNE, the sympathy of the College in their bereavement.

To the gentlemen composing the Committee by whom the foregoing were prepared, was delegated the duty imposed by the last resolution.

It was further resolved, that the proceedings of the meeting be published in the Medical Journals of this city.

D. FRANCIS CONDIE, Sec'y.

MILITARY SURGEONS IN FRANCE.—SPEECH OF M. DUPIN, PRESIDENT OF THE NATIONAL ASSEMBLY.

I have the honor of addressing the military surgeons of the French army, and I tell you, if any one were bold enough to still dispute your right to proportionate rank in the army, you might proudly answer by pointing to this statue, and by citing the life of the illustrious man whom it represents—the life of the worthy Larrey.

I have said it elsewhere, and I will repeat it whenever an opportunity offers—the military surgeon, fearless in epidemics, fearless in the field of battle, possesses all kinds of courage. He has military courage, because he faces death, offered on all sides by fire and sword ; and another courage, far superior to this, for he preserves his calm coolness and presence of mind when his life is in the greatest peril. The blow which is aimed at him, and which he sees threatening, cannot, and even were he able, would not, be returned by him. He knows his hazardous situation, and does not hesitate to fulfil his dangerous duties.

Kneeling by the side of the disabled, with as firm a hand as when he is studying nature in the anatomical rooms, he dresses their wounds. But with these two kinds of courage he reaps two kinds of glory; and Larrey, who has shown his courage equally in both, now deserves to be honored with double glory. He has proved, when twice wounded, that the dangers which the military surgeon runs are not imaginary. He was wounded once in Egypt, in times of glorious memory, and another time at Waterloo, on that mournful day for France.

You heard, from those who addressed you before me, what the life of Larrey has been, and what services he has rendered to science. It is not for me to enter into the details of his noble career; I am, besides, not prepared for it; I speak, carried away by momentary impulse, and by the admirable speeches which have just been uttered. I judge this learned man—this defender of mankind—by considering, as a whole, his useful life, marked by the most enlightened and noble services, and I bow before this statue which so worthily represents him. Yes, I greet Larrey! the virtuous, devoted man; whose self-denial and devotion triumphed even over the elements, and who has been among us as an incarnation of genius and humane feelings. He deserves the thanks of science, the army, France, and the whole civilized world.

Dublin Med. Press.

ARMY ORDER—RELATIVE RANK OF ARMY AND NAVY OFFICERS.

Washington, Sept. 26th, 1850.

The following Army Order was issued by the War Department on the 21st inst.:

"The House of Representatives having on the 18th. of July, 1850, adopted a resolution, requesting the President to communicate to that Honorable body his views of the rules and regulations which should be established by law on certain subjects therein mentioned relating to rank in the army and navy, the President directs that a board of officers of the army be assembled, who shall deliberate on so much of said resolution as appertains to the army, and shall consult with any similar board, composed of officers of the navy, that may be appointed for the purpose, in relation to so much of said resolution as relates to the relative rank of the army and navy."

The following officers of the army are appointed members of the board: Gen. Scott, president; Gen. Jessup, Gen. Wool, Col. Crane, Col. Waite, Surgeon Mower, Paymaster Hunter, Lt. Col. Scott, recorder. The board will assemble at Washington, on Monday, the 14th of October, and after closing their proceedings, will report to the War Department their views and opinions on the subjects submitted to them.

We hope that the subject of *assimilated rank* will be brought before this board, and that our medical brethren in both services will at last have justice done them.

Deaths in Philadelphia from Aug. 24th to Sept. 21st, 1850. Reported
by Mr. JAMES AITKEN MEIGS, Student of Medicine.

Diseases.	Ad'ts	Chil.	Diseases.	Ad'ts	Chil.
Abscess,	0	1	Fever, typhoid,	11	3.
Anæmia,	0	1	“ typhus,	6	0
Angina pectoris,	1	0	Gangrene,	1	1
Apoplexy,	6	0	Hæmoptysis,	2	1
Asthma,	2	0	Hemorrhage	1	1
Burns,	1	2	“ uterine,	3	0
Cachexia,	0	1	Ileus,	1	0
Cancer,	2	0	Inflammation of brain,	5	16
“ breast,	1	0	“ bronchi,	0	10
“ stomach,	2	0	“ liver,	2	1
“ uterus,	2	0	“ lungs,	5	14
Cancrum oris,	0	2	“ ovaries,	1	0
Caries of jaw,	0	1	“ peritoneum,	5	2
Casualties,	1	1	“ pleura,	0	2
Cholera infantum,	0	48	“ stom. & bowels,	10	11
Compression of brain,	0	1	“ throat,	0	1
Concussion “	0	1	Inanition,	0	5
Congestion of lungs,	0	2	Intemperance,	6	0
“ brain,	2	6	Ischuria,	1	0
Convulsions,	2	27	Jaundice,	1	0
Croup,	0	7	Kidneys and liver, fatty		
Cyanosis,	0	2	degeneration of,	1	0
Debility, general,	5	11	Malformation,	0	1
Diabetes,	2	0	“ of heart,	0	1
Diarrhœa,	8	16	Malignant disease of bones,	0	1
Disease of brain,	0	8	“ sore throat,	0	1
“ heart,	5	1	Mania-a-potu,	3	0
“ kidneys,	1	1	Marasmus,	0	34
“ liver,	2	0	Measles,	0	2
“ lungs,	2	1	Mortification of hand,	1	0
“ ovaries,	1	0	Obstruction of bowels,	1	0
“ stomach and bowels,	0	2	Old age,	22	0
Dropsy,	6	4	Ossificat. of valves of heart,	1	0
“ abdominal,	1	0	Palsy,	6	0
“ of breast,	1	0	Pertussis,	0	21
“ head,	0	26	Phthisis pulmonalis,	47	13
Drowned,	7	7	Poisoning,	2	0
Dysentery,	33	41	Purpura hemorrhagica,	0	2
Effusion on brain,	2	7	Rupture of uterus	1	0
Epilepsy,	2	0	Scrofula,	1	2
Erysipelas,	1	0	Small pox,	0	2
Fever,	1	3	Softening of brain,	0	1
“ cerebral,	0	1	Spina bifida,	0	2
“ congestive,	1	0	Still born,	0	40
“ hectic,	0	1	Suffocation,	2	1
“ intermittent,	1	3	Syncope,	1	0
“ puerperal,	1	0	Syphilis,	1	0
“ remittent,	6	2	Tabes mesenterica,	1	5
“ scarlet,	0	12	Teething,	0	8

Diseases.	Ad'ts	Chil.	Diseases.	Ad'ts	Chil.
Tetanus,	0	1	Unknown,	7	2
Ulceration of small intest.	2	1	Violence,	4	0
“ colon,	1	0	Wound,	2	0
				269	459

Total, 728

Of the foregoing the ages were as follows:—

Under 1 year,	-	-	-	207
From 1 to 2,	-	2,	-	116
2 to 5,	-	5,	-	82
5 to 10,	-	10,	-	26
10 to 15,	-	15,	-	13
15 to 20,	-	20,	-	15
20 to 30,	-	30,	-	64
30 to 40,	-	40,	-	61
40 to 50,	-	50,	-	40
50 to 60,	-	60,	-	32
60 to 70,	-	70,	-	31
70 to 80,	-	80,	-	21
80 to 90,	-	90,	-	17
90 to 100,	-	100,	-	3

728

Included in this number, are 53 from the Almshouse, 14 from the surrounding country, and 58 people of color.

RECORD OF MEDICAL SCIENCE.

ANATOMY AND PHYSIOLOGY.

Comparative size and shape of the Thyroid Foramen in the Male and Female Innominatum. Dr. NEILL called the attention of the Fellows of the College to the comparative size and shape of the Thyroid Foramen in the Male and Female Innominatum.

He believed that many teachers of Anatomy and of Obstetrics were in error upon this subject, while others had failed to point out the difference between the male and female pelvis in this respect; that this was the case especially in this city, and perhaps in this country generally.

He had learned that Dr. Wistar and Dr. James taught that in the *female* the foramen was *oval*, and that in the *male* it was *triangular*, although there was no statement upon the subject in the old edition of Wistar's Anatomy which he had examined, nor in the more recent edition known as Pancoast's Wistar. Dr. Horner also stated in his

work, that "in the male it is triangular, in the female, rather oval." On the other hand, Meckel, Cloquet, Cruveilhier, Harrison and Quain and Sharpey make a statement precisely the reverse of this.

The lecturers upon obstetrics with whom he had conversed, either teach the former view, or are silent upon the subject. Denman, Baudeloque, and Maygrier say nothing. Neither do Monroe or Cheselden, both high authority on the bones, nor Winslow, Bell, Bartholin, &c.

Scemmerring says "the foramen is elliptical in children, and triangular in adults." Wilson and Von Behr say it is triangular in women.

In order to satisfy his own mind on the subject, Dr. Neill had, up to this period, examined thirty-two skeletons, and the result was so contrary to the view which he, and perhaps most of the Fellows had been taught, that he had thought it worth while to prepare a chart, exhibiting diagrams of the male innominata in one column, and those of the female in another, to show at a glance, the distinctive difference.

He believed from an inspection of this, every one would be convinced that the foramen in the *male* is *oval*, while in the *female* it is *triangular*.

It will also be observed that the male foramen is longer and narrower, and that the line representing the long axis is more vertical, and nearly parallel to the rami of the pubes and ischium; whereas, in the female the foramen is not only smaller and triangular, but that the apex of the triangle is downward, that its internal side is nearly parallel to the rami of the ischium and pubes; and that the base of the triangle is proportional to the chord of the arch of the pubes.

He remarked that the establishment of this fact, by investigation or by authority, would not interest the Fellows of the College in a practical point of view, its only value consisting in its affording another mark of distinction between the male and female skeletons.

Trans. Col. Phys. Phil.

PATHOLOGY AND PRACTICE OF MEDICINE.

Case of Poisoning with Arsenic. Death in thirty-six hours—Influence of Arsenic on Digestion—Remission of Symptoms. BY A. G. GREAVES, Surgeon to the Derby Dispensary.—On the 26th of February, 1847, Mrs. Ann W—, aged 24, in the ninth month of pregnancy, was taken ill at half past 9 A. M., with sickness and vomiting, having an hour previously partaken of a breakfast of tea and bread and butter. The vomiting continued at intervals during the day, the matter thrown up consisting principally of bile. No medical assistance was called in, deceased saying that she thought her illness was owing to her pregnancy.

27th.—Mrs. W. vomited once at 9 A. M., and then felt very much better. She cleaned her house thoroughly during the morning, took some gruel at half-past 12, and at 1 P. M. left home, as she said for a walk. She returned at 2 P. M. and stated that she had been obliged to call at the house of a friend about two hundred yards from her home, having again been sick. At half-past two she again threw up a quantity of what, from the description given, I supposed to be bile. At half-past 4 I was called in, and found her seriously ill, complaining of vio-

lent pain in the stomach and abdomen, with diarrhœa and tenesmus, and great difficulty of breathing. She sank rapidly, and died at a quarter past 7 P. M.

I ascertained that deceased had felt the movement of the child a very short time before her death, and I therefore urged the friends to allow me at once to open the uterus and remove the fœtus; but they objected.

Post-mortem 22 hours after death.

Head.—Brain and the membranes perfectly healthy.

Chest.—Lungs contained a considerable quantity of dark blood. The heart was very flaccid, and both ventricles were filled with fluid blood of a very dark character.

Stomach contained about a pint and a half of bloody fluid, on pouring off which I found a very large quantity of exceedingly viscid albuminous secretion containing numerous patches of a white powder, which analysis proved to be arsenic. The mucous membrane was much inflamed.

The duodenum was also inflamed, and contained one or two patches of the same white powder. In the caput coli was found a considerable quantity of *undigested* soup, containing several patches of undissolved arsenic, precisely like those in the stomach.

The bladder was empty and healthy. The uterus contained a fine healthy child, but there was no evidence of labor being near. The membranes were entire, and everything in a normal state. A careful analysis by myself and my friend, Mr. Bernays, shows most unequivocally the presence of a large portion of arsenious acid in the contents of the stomach, but by whom administered there was no evidence to show, beyond a remark of the deceased, "that it would be a shocking thing if she and her husband should be found dead in bed." This led to a suspicion that it was an act of suicide.

We have unfortunately, no satisfactory data to form a conclusion as to when the *fatal* dose of arsenic was taken. There can be no doubt that some of the poison had been administered on the 26th, thirty-six hours before death, but whether that was the dose of which she died is uncertain. It is interesting to remark how large a portion of arsenic remained in the stomach, notwithstanding the continued vomitings the deceased had for five hours before death.

There are some circumstances connected with this case which are of interest in a pathological view. It appears that the deceased partook of of a quantity of soup about *seven* hours before her death; and yet, although this long period had elapsed, it was found in the caput coli in an undigested state, and mixed with a quantity of arsenic. But for this fact being well known, it might have been inferred that deceased had taken a large dose of arsenic in soup three or four hours before death. This appears to show that the action of arsenic materially interferes with the process of healthy digestion.

Another circumstance worthy of notice is, that there was so complete a remission of the symptoms after the poison had been swallowed, that the deceased was able to occupy herself in her usual avocations, and to go for a walk.—*Medical Gazette.*

Treatment of Singultus by Sulphuric Acid. By Dr. SCHNEIDER.—During a long practice, Dr. Schneider has met with many cases of hic-cough, occurring in both sexes and at different ages, and persisting with such obstinacy as to give rise to great suffering and exhaustion. His sovereign remedy in such cases is one of the preparations of dilute sulphuric acid, which act with great promptitude. He refers also to the testimony of Dr. Duncan, in favor of this substance contained in the 'Edinb. Med. Comment.,' and to that of Dr. Jacobsen, of Berlin.—('Casper's Wochenschrift.')—*Brit. and For. Review*, Jan. 1850, p. 274.

On the Treatment of Hematemesis and Melæna. By Dr. J. M. NELIGAN, Physician to Jervis Street Hospital, Dublin.—[Dr. Neligan remarks that the greater danger of hematemesis and the greater difficulty of controlling it, as compared with melæna, seem to depend on the size of the stomach permitting a large accumulation of blood in its cavity before it contracts; its contraction "being the natural mechanical method by which the bleeding is checked." Thus, he observes:]

In the administration of remedies to stop the hemorrhage, the chief indication to be fulfilled is therefore manifestly to produce contraction of the stomach, whether the bleeding be symptomatic of organic disease or not. With this view we should be guided in the choice of styptics or astringents, and they should be administered in a concentrated form, or rather as little diluted as possible, so as not to distend the stomach. In hematemesis or melæna, I place most reliance on the oil of turpentine as a styptic, and on gallic acid as an astringent; the former, by its stimulant property, excites the stomach and intestines to contract, and the latter may be given in the solid form, and is very powerful in small doses. Ice has often been prescribed to check hemorrhage from the stomach; but its tendency, when dissolved, is to distend the organ, and to favor further bleeding by diluting the blood that may have previously escaped from the vessels, constitutes, I think, a very serious objection to its employment. As to blood-letting, it is only admissible in those few cases where the hemorrhage seems to be dependent on general plethora, and even in these must be regarded rather in the light of after-treatment than of an immediate remedy.

The diet in all cases of hemorrhage from the stomach or intestines must be absolute. Nourishment should be given in a concentrated liquid form, perfectly cold, and in the smallest quantities at a time; and a return to the usual articles of diet should be permitted with the utmost caution.

I regard gallic acid as our most valuable astringent in hemorrhage from the mucous membrane of the digestive organs, from the uterus—in many cases of bleeding from which I have seen it prove of the greatest service; and from the urinary organs.—*Dub. Jour.*, May 1850, p. 348.

On the Use of Ergotine in External and Internal Hemorrhages. By M. J. BONJEAN, Chambéry.—Ergotine when applied to wounds has the property, M. Bonjean states, of facilitating their cicatrization and moderating inflammation of the wounded tissues. Under its influence union takes place by the first intention, and cicatrization occurs without further assistance.

In certain cases ergotine may perform all the offices of the ligature. M. Bonjean enumerates the following circumstances attendant on a capital operation in which its employment was indicated:

1. When, in order to arrest a hemorrhage, it would be necessary to disturb the lips of a wound in which cicatrization is commencing.
2. When the patient manifests a tendency to gangrene of the cut surfaces.
3. When the source of the hemorrhage is from vessels imbedded in the inflamed and swollen tissues.
4. When the blood flows from many small arteries of which the orifices cannot be perceived.
5. When hemorrhage occurs from the sloughing of an eschar, as in gun-shot wounds, &c.

In these difficulties the application of ergotine is as often efficacious as the use of pressure is ineffectual. The application of ergotine supersedes ligature of the arteries, and effects cicatrization without interfering with the permeability of the artery.

The mode of employing ergotine is to dissolve it in five or six times its weight of water, for ordinary wounds; and in three or four parts, or even in a concentrated form, for more serious hemorrhages. A portion of the tow or lint is to be moistened with the fluid, and applied with gentle pressure to the surface previously wiped. When the hemorrhage does not return on the pressure being removed, another pledget moistened with the solution is to be laid over the former, and the limb bandaged as usual. Perfect rest is to be observed.

Internal administration.—Ergot of rye has been successfully employed:

1. As an excitant of uterine contractions.
2. As a stimulant to the muscular system in general.
3. In hemorrhages and certain fluxes.
4. In congestion of the uterus.
5. As a stimulant to the nervous system.

The latter poisonous effect of ergot of rye is due, according to M. Bonjean, entirely to its fixed oil. The preceding properties are due to the *ergotine* alone.

Simple extract, or ethereal tincture of ergot, both contain a portion of its poisonous principle. Pure ergotine is in the form of a solid extract of a deep brown color. In thin laminæ it presents a blood-red color. It has the odor of roast meat. Its taste is bitter. It is perfectly soluble in water, and this solution yields neither oil nor resin when heated with ether. (*Gazette Méd.*)—*Med. Gaz.*, May 1850, p. 787.

SURGERY.

On "Ingrowing" of the Toe-Nail. By H. J. M'DOUGAL, Esq.—[Mr. M'Dougal relates the following case: a gentleman was brought to him with an affection of the great toe which rendered him quite unable to walk, from the pain which pressure of the foot upon the ground occasioned. Mr. M'D. says:]

On examination, the toe was found slightly swollen, and with a reddish, erythematous blush extending up the foot. There was a very little fungoid granulation by the side of the nail, touching which was by no means so painful as pressure either on the under part of the toe, or on the upper and inner surface of the nail. The edge of the nail was quite invisible.

I directly proposed the usual operation of division of the nail in the centre, and eversion of the affected side. This had been proposed by two surgeons, whom the patient had previously visited, and was decidedly objected to. Being left to my own resources, therefore, I proceeded to scrape away, with an angle of glass, the inner surface of the nail (holding aside the flesh with the left hand) until its structure had become so thin that, with a pair of scissors, I was easily enabled to divide it for a short distance, and with forceps to lift out the piece in the corner. This gave little or no relief, and I was induced to seek further for the cause of the pain and distress felt on touching the toe. A horny-looking surface filled the space from which the piece of nail had been removed; and, on scraping round this with the point of the scissors, I succeeded in turning out a hardened mass of collected epithelium scales, nearly as large as the seed of a sweet pea. The surface underneath was red, and secreted a sanious matter. Perfect relief ensued on the removal of this extraneous matter, and the patient congratulated himself on his own obstinacy in not consenting to the very painful operation of losing half his nail. A morsel of dry lint completed his cure in twenty-four hours, and a little occasional attention to the part has since saved him from further suffering.

I am not aware that the condition I have described above has been noticed by any surgical writer in our language, with the exception of Mr. Colles, of Dublin, who refers to it as only occurring on one side of the nail. I can quite conceive, however, that with a little attention many persons might be saved the exquisitely painful and barbarous operation now so often used, of tearing asunder the inflamed matrix, confessedly one of the most tender parts in the whole structure of man.—*Med. Times, March 16th, 1850, p. 195.*

MATERIA MEDICA AND THERAPEUTICS.

Practical Remarks upon Ipecacuanha, with a formula for a more uniform and efficient preparation of the syrup, than that laid down in the Dispensatories. By EDWARD JENNER COXE, M. D., New Orleans.—Before noticing the main object of these remarks, it may prove

neither uninteresting nor unprofitable to direct attention to some of those diseases in which this medicine, or some of its preparations and combinations, may be employed. The value and efficacy of ipecacuanha, as an emetic or expectorant in many affections of the respiratory organs, more particularly of children, are too generally conceded and acted upon to require an extended notice.

In dysentery, ipecacuanha has been and continues to be much used.

By Mosely who held it in high repute, ipecacuanha was given in doses of half a drachm to two scruples, and by the late Professor B. S. Barton, it was regarded as almost a specific, particularly in cases of a typhoid character. In chronic diarrhœa, small doses of the powder repeated several times a day, either alone, or preferably in conjunction with opium or Dovers powder, will be found of great value and frequently, with strict attention to a proper regimen, will succeed in curing many most unpromising cases.

In these last cases, when dependent upon, or connected with derangement of the biliary secretion, additional power will be given to the above by uniting with them two or three grains of blue mass to be repeated every night for three or four nights, and subsequently every third or fourth night as long as may be deemed requisite or advisable for the individual case. In hemorrhage from the lungs, or uterus, small doses of ipecacuanha, combined with sugar of lead and opium are used with decided benefit.

In hemorrhage from the stomach, large doses of ipecacuanha have been strongly recommended, more particularly by Dr. Condie who has published some valuable practical remarks upon the subject.

In the early stages of the bowel affections of children, no less than in adults, an emetic of ipecacuanha, will often succeed in arresting the progress of the disease, and rarely fail to prove beneficial.

Combining from one fourth to half a grain of ipecac. with a minute portion of opium, and two or three grains of blue mass, the alterative properties of this last are materially enhanced, and will be found of great benefit in most of the mild cases of biliary and bowel derangements so prevalent in this region, at different seasons of the year.

With the exception of that sudden and often fatal disease, croup or hives, there are perhaps none of the pectoral diseases of children, in which the syrup of ipecacuanha may not be resorted to with advantage; but in croup, no little experience, and an almost uniform success in its treatment, authorize the confident belief, that we possess no one remedy or combination of remedies comparable or equal to the well known Coxe's hive syrup, provided it be properly prepared. Dr. Good has remarked, that the ipecacuans concur in operating very generally upon the skin, at the same time that they excite the stomach, increasing in a slight degree the discharge of mucus from the lungs, and adding a little to the peristaltic motion of the bowels, while the antimonials act more violently upon the stomach, bowels and skin, but less upon the mucous secretions.

To recur to the syrup of ipecacuanha, I may remark, that being

the United States Dispensary attended with unnecessary trouble, and, without constant care, great probability of a want of uniformity in the preparation, I adopted, after many trials, the following formula, which can be depended upon at the bed side, and which has been found to keep well in this climate.

R.—Ipecacuan. Rad. Contus. ℥iv.
 Aqua O.ij.
 Sp. Vin. Rect. ℥x.
 Sacch. Alb. lbs. iij.

Macerate the bruised ipecac in one pint of boiling water for 12 hours, then add the remainder of the water and alcohol, and continue the maceration for five or six days. Place the whole in a small displacement apparatus, returning the fluid that passes until it becomes perfectly clear, and then continue to pour a small quantity of water occasionally upon the surface, until two pints and ten ounces by measure shall have passed. Now add the sugar, and with a gentle heat, evaporate until the syrup shall be of a proper consistence, readily ascertained by occasionally taking out a small portion and allowing it to cool. When of a proper consistence, pass it through a small quantity of fine tow placed in the tube of a funnel to render the syrup clear and transparent. Three pints and ten ounces of syrup is the quantity obtained, and is in point of strength nearly double of that prepared by the usual formula, which I consider an additional recommendation.

N. O. Med. and Surg. Jour.

OBSTETRICS.

Turning by External Manipulation—The endeavor to rectify the faulty position of the fœtus in utero, by external manipulation, engaged much of the attention of the older practitioners, and especially of Wigan in 1807, but is scarcely alluded to in modern works on midwifery. Professor Martin, of Jena, has recently published an interesting essay upon the subject, based upon twenty-seven cases related by other authors, and seven which have occurred to himself. In these all the mothers did well, as also all the children but four, of which number, too, one was already dead, and another was delivered by perforation.

It is evident that an exact knowledge of the position of the child must be obtained before the attempt is made, and Professor Martin believes it is preferably acquired by external examination, although this implies a certain amount of dexterity. It is only prior to, or immediately after, the discharge of the waters, that the fœtus will be found possessed of sufficient mobility. As long as the os is undilated, and the pains irregular, the patient is kept on the side upon which the part desired to be forced into the pelvis is placed, so as to afford a moderate support. When, however, the os has become dilated, and the waters are expected to be discharged, she is laid (the bladder and rectum having been emptied) on her back the lower part of her body being somewhat raised. With one hand the operator presses the part of the fœtus which lies nearest the os, whether it be the head or breech, downwards,

while, with the other, he presses the rest of the body upwards. This simultaneous pressure is begun during the interval of a pain, and continued during its commencement, while, during the height of this, the uterus is firmly supported on every side. After a short pause the manipulation is again recommenced, and, if the operator's hands become tired, an assistant may, during the intervals of the pains, support the belly on each side, whereby the ovoid configuration of the uterus is better secured, and the child more easily brought into a proper position. If the pains are long absent, she may often be advantageously placed on her side, supporting the projecting part by the hand or a firm cushion. Especially is this position advantageous if manipulation has already somewhat improved the position, and it should, if possible, be continued after the head has entered the pelvis. For the purpose of retaining the head within the pelvis, when the improvement of the position is not durable, the rupture of the membranes, after the head or buttocks have been brought over the os, is a very efficacious procedure. Among the rules to be observed, there is that of never employing a cold hand, for, not only is it disagreeable, but it may give rise to spasmodic action and a premature discharge of the waters. The pressure, too, should be moderate and continuous, and applied sometimes in a diffused manner with the flat hand, and at others by particular fingers, to various parts of the child. It must be always a double and simultaneous pressure, exerted equally towards the fundus and upon the part we are seeking to engage in the pelvis. A change in the position of the woman is often an important aid to the manipulation.

There are certain conditions requisite for rendering the operation of external turning an eligible one.—1. Absence of reasons for a rapid termination of labour, as hæmorrhage, presentation of funis. 2. Mobility of the child. Generally this ceases after a discharge of the waters. If, however, few pains have occurred, the presenting part has not become far forced down, or the uterus firmly contracted around it, a trial is justifiable. 3. Absence of great sensibility of the womb or abdomen. 4. Sufficient capacity of pelvis. A moderate degree of contraction is no contra-indication. 5. A normal activity of pains has been set down as a condition. It certainly is a very favorable one, but it is rare in faulty presentation, and not an essential one for external turning. Spasmodic or crampy pains which render the first two stages tedious, if due to cold, are best treated by mustard poultices and small doses of ipecacuanha. The very rectification of the position sometimes imparts a normal activity to the pains. External turning is rarely successful when the defective pains are dependent upon a rheumatico-catarrhal affection of the lower portion of the uterus giving rise to a softened state and premature rupture of the membranes. 6. The child being alive is a subordinate condition; for, although in the case of its death, internal turning may usually be advised, yet we very frequently cannot be certain of this.—*Dublin Med. Times, from Froriep's Notizien.*

UNIVERSITY OF PENNSYLVANIA,

MEDICAL DEPARTMENT.

EIGHTY-FIFTH SESSION (1850-51.)

The Lectures will commence on Monday, October the 7th, and terminate about the end of March ensuing.

GEORGE B. WOOD, M. D., Theory and Practice of Medicine.
 WILLIAM E. HORNER, M. D., Anatomy.
 JOSEPH CARSON, M. D., Materia Medica and Pharmacy.
 JAMES B. ROGERS, M. D., Chemistry.
 WILLIAM GIBSON, M. D., Surgery.
 HUGH L. HODGE, M. D., Obstetrics & the Diseases of Women & Children
 SAMUEL JACKSON, M. D., Institutes of Medicine.
 Clinical Instruction at the Pennsylvania Hospital, by GEORGE B. WOOD, M. D., and by GEORGE W. NORRIS, M. D.
 Demonstrative Instruction in Medicine and in Surgery, by the Professors of the Medical Faculty, assisted by W. W. GERHARD, M. D., and HENRY H. SMITH, M. D.

Practical Anatomy by JOHN NEILL, M. D., Demonstrator.

Summary of Rules of Graduation.

The candidate to be twenty-one years of age—to have read medicine for three years, two of them under a respectable practitioner of medicine—to have attended two regular courses, one of them at least in this Institution—one Hospital course here or elsewhere—and to present a Thesis of his own composition and handwriting.

The regular course is *Theory and Practice of Medicine; Anatomy; Materia Medica and Pharmacy; Chemistry; Surgery; Obstetrics, &c.; and Institutes.*

The Commencement will take place early in the following April.

Amount of Fees for Lectures in the University,	\$105
Matriculating Fee, (paid once only,)	5
Hospital Fee,	10
Practical Anatomy,	10
Graduating Fee,	30

W. E. HORNER, M. D.,

Dean of the Medical Faculty.

386 Chestnut St., above 13th, opposite the U. S. Mint, Philada.

July—5t.

NATIONAL MEDICAL COLLEGE, WASHINGTON,

DISTRICT OF COLUMBIA.

The Annual course of Lectures will commence on the first Monday in November, the 4th inst.

THOMAS MILLER, M. D., Prof. of Anatomy and Physiology.
 WM. P. JOHNSON, M. D., Prof. of Obstetrics and the Diseases of Women and Children.
 JOSHUA RILEY, M. D., Prof. of Mat. Med., Therapeutics and Hygiene.
 JOHN FRED. MAY, M. D., Prof. of Surgery.
 GRAFTON TYLER, M. D., Prof. of Pathology and Practice of Medicine.
 ROBERT KINGSTONE, M. D., Adjunct Prof. of Anatomy and Physiology.
 EDWARD FOREMAN, M. D., Prof. of Chemistry and Pharmacy.
 JAMES E. MORGAN, M. D., Prosector and Demonstrator.

Clinical Lectures three times a week, on cases selected from the Washington Infirmary. Operations performed before the class.

For a full course of lectures,	\$90
Demonstrator's ticket,	10
Graduation fee,	25

Good board can be procured at from \$2 to \$3 per week.

JOSHUA RILEY, M. D.,

Dean of the Faculty.

Oct—2t.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1850-51.

The regular Course of Lectures will commence on Monday the 14th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held *early in March*, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M.D.,	Professor of Institutes of Medicine, &c.
ROBERT M. HUSTON, M.D.,	Prof. of Materia Medica and Gen. Therapeutics.
JOSEPH PANCOAST, M.D.,	Prof. of Gen., Descriptive and Surg. Anatomy.
JOHN K. MITCHELL, M.D.,	Prof. of Practice of Medicine.
THOMAS D. MÜTTER, M.D.,	Prof. of Institutes and Practice of Surgery.
CHARLES D. MEIGS, M.D.,	Prof. of Obstetrics and Diseases of Women and Children,
FRANKLIN BACHE, M. D.,	Prof. of Chemistry,

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, *seventeen hundred and three* cases were treated, and *two hundred and nine* operations performed. Amongst these were many major operations—as amputation of the thigh, leg, arm at the shoulder joint, removal of the parotid, mammae, &c., lithotomy and lithotripsy.

The Lectures are so arranged as to permit the student to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEES.

Matriculation, which is paid only once,	- - - - \$ 5
Each Professor, \$15,	- - - - 105
Graduation,	- - - - 30

The number of Students during the last Session was 516; and of Graduates 211.

July—5t.

R. M. HUSTON, M. D.,
Dean of the Faculty, No. 1 Girard street.

PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

NINTH BELOW LOCUST STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D.,	Prof. of the Theory and Practice of Medicine.
JOHN WILTBank, M. D.,	{ Prof of Obstetrics and Diseases of Women and Children.
HENRY S. PATTERSON, M. D.,	Prof. of Materia Medica and Therapeutics.
WILLIAM R. GRANT, M. D.,	Prof. of Anatomy and Physiology.
DAVID GILBERT, M. D.,	Prof. of the Principles and Practice of Surgery.
WASHINGTON L. ATLEE, M. D.,	Prof. of Medical Chemistry.

The Lectures for Session of 1850-51 will commence on Monday, October 14th, and continue until the ensuing 1st of March. The Anatomical Rooms will be opened on October 1st, under the direction of DR. JAMES HUNTER, Demonstrator of Anatomy. Clinical instruction at the Pennsylvania Hospital provided for all second-course Students. Fees: Matriculation, \$5 00. To each Professor, \$15 00. Graduation, \$30 00. For farther information apply to

HENRY S. PATTERSON, M. D., Registrar,
No. 93 Arch street, Philadelphia.

July—5t.

UNIVERSITY OF NEW YORK—MEDICAL DEPARTMENT.

The Faculty of the New York University take great pleasure in announcing that they have filled the two vacant Chairs in their Institution by gentlemen of preëminent standing in their respective departments. Dr. Elisha Bartlett, Professor of the Institutes and Practice of Medicine in the Louisville University, and Dr. Samuel D. Gross, Professor of Surgery in the Louisville University, having both resigned their Professorships in that Institution, have been elected to and accepted, the one the Chair of Institutes and Practice of Medicine, the other the Chair of Surgery, in the University of New York.

In these elections the Faculty have looked only at the great and permanent interests of their School, and they feel that these appointments, while they must secure the universal acceptance of the profession, will afford an earnest that the Institution will lose nothing of its former prosperity.

SESSION OF 1850-51.

The Lectures will commence on Monday, the 21st of October, and be continued to the last day of February.

GRANVILLE SHARPE PATTISON, M.D., Prof. of General, Descriptive and Surgical Anatomy.

MARTYN PAINE, M. D., Prof. of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and Diseases of Women and Children.

JOHN W. DRAPER, M. D., Prof. of Chemistry and Physiology.

ELISHA BARTLETT, M. D., Prof. of the Institutes and Practice of Medicine.

SAMUEL D. GROSS, M. D., Prof. of Surgery.

WILLIAM DARLING, M. D., Demonstrator of Anatomy.

The Faculty, it will be seen, have added the Department of Physiology to the chair of Chemistry; and Professor Draper will in future, in addition to his regular course of Chemistry, give two Evening Lectures on Physiology. The advantage of this arrangement must be obvious to every one.

The Professor of Anatomy will also deliver an additional lecture in his department at an evening hour. In order to afford ample opportunities to their pupils for studying disease practically, the Faculty have determined to open three weekly clinics.

1st. A Surgical and Medical Clinique, to be held by Prof. Gross on Saturdays.

2d. An Obstetric Clinique, to be held every Monday, under the direction of Prof. Bedford. The most interesting diseases of women and children will be brought before the class, and fully lectured upon by the Professor. The class will also have an abundant supply of Midwifery cases, to be attended at the houses of the patients.

3d. A Surgical and Medical Clinique will be held every Wednesday, under the direction of Professors Bartlett and Pattison.

In addition to these means of studying disease, the New York Hospital, the Bellevue Hospital, the Eye and Ear Infirmary, the various dispensaries and infirmaries, are all accessible to the students.

Clinical Instruction is given every day at the New York Hospital.

The Dissecting Room will be open on the first day of October, and an ample supply of the materiel will be provided.

Fees for the full Course of Lectures, \$105. Matriculation fee, \$5. Practical Anatomy, \$5. Graduation fee, \$30.

The Commencement will take place early in March.

JOHN W. DRAPER, M. D.,

Secretary of the Faculty,

No. 380 Fourth St.

P. S.—Good board from \$2 50 to \$3 00 per week. Students on arriving in town will please call at the Medical College, 659 Broadway, and ask for the Janitor, Mr. Tallman, who will conduct them to boarding houses.

Oct—21.

MEDICAL COLLEGE OF OHIO.

SESSION OF 1850'-51.

The thirty-first annual session of this Institution, will open on the first Monday in November next, and close on the last of February, under the following arrangements :

JOHN T. SHOTWELL, M. D., Professor of Anatomy.

JOHN LOCKE, M. D., Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D., Professor of Physiology and Pathology.

T. O. EDWARDS, M. D., Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M. D., Professor of Surgery.

LONDON C. RIVES, M. D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M. D., Professor of Theory and Practice of Medicine.

JOHN DAVIS, M. D., Demonstrator of Anatomy.

The following branches will be included in the course : Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Physical Diagnosis.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures, on Medicine and Surgery, will be delivered at the Commercial Hospital three times a week.

OCTOBER LECTURES.

A Course of Lectures will be delivered by the Faculty, (free of charge,) commencing on the first of October, and embracing the following subjects :

Anatomy and Physiology of the Senses ; Diseases of the Eye ; Medical and Elementary Botany ; Functional and Organic Diseases of the Uterus ; Medical Jurisprudence ; Physical Diagnosis.

Also, Clinical Lectures at the Commercial Hospital.

FEES.—For a full Course of Lectures, \$84 ; Matriculation and Library Ticket, \$5 ; Dissecting Ticket, \$8 ; Graduation Fee, \$20 ; Hospital Ticket, \$5.

Board (including the expenses of room, fuel and lights,) can be obtained at from 2 to \$3 per week.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M. D., *Dean of the Faculty.*

Aug. 1850—3t

South side of Sixth st., between Walnut and Vine.

BALTIMORE COLLEGE OF DENTAL SURGERY.

SESSION OF 1850—51.

The regular course of Lectures commences on the last Monday of November, and will continue four months.

ELEAZAR PARMLY, M. D.,

Provost.

CHAPIN A. HARRIS, A. M., M. D., { Prof. of Principles and Practice of Dental Surgery.

THOMAS E. BOND, JR., A. M., M. D., Prof. of Special Pathology & Therapeutics

WASHINGTON R. HANDY, M. D., " Anatomy and Physiology.

CYRENIUS Q. CONE, M. D., " Operative & Mechanical Dentistry.

PHILIP H. AUSTEN, M. D., Demonstrator of Mechanical Dentistry.

The Mechanical, Dissecting room, and Dental Infirmary will all be open on the last Monday of October—and no pains have been spared for thoroughly teaching the student both the principles and practice of his profession.

Fees for the full course, \$125 ; Diploma fee, \$30.

Oct. 1850—2t.

W. R. HANDY, *Dean.*

GENEVA MEDICAL COLLEGE.

SPRING TERM, 1851.

The next Annual Course of Lectures in Geneva Medical College will commence on the first Wednesday of March, 1851, and continue sixteen weeks.

FACULTY OF MEDICINE.

CHARLES B. COVENTRY, M. D., Professor of Midwifery, the Diseases of Women and Children, and of Medical Jurisprudence.

JAMES WEBSTER, M. D., Professor of Anatomy and Physiology.

JAMES HADLEY, M. D., Professor of Chemistry.

CHARLES A. LEE, M. D., Professor of General Pathology and Materia Medica.

JAMES BRYAN, M., Professor of Surgery.

WILLIAM SWEETSER, M. D., Professor of Theory and Practice of Medicine.

GEORGE W. FIELD, Demonstrator of Anatomy.

Fees for the course, \$62, payable in advance. Matriculation Fee, \$3. Graduation Fee, \$20. Dissecting Ticket, \$5; which all candidates for the degree of M. D. are required to take. Graduates at this Institution, and all who have attended two full courses of the same, are admitted gratuitously, with the exception of the matriculation fee.

CHARLES A. LEE, Dean.

N. B.—The Profession will take notice that the Lecture Term in Geneva College will hereafter be changed from the Fall to the Spring of the year, to commence the ensuing March, 1851. This change in the time of delivering the Lectures is made solely with the view of accommodating that large class of Medical Students who cannot conveniently attend during the Fall and Winter months, but whose term of study expires in the Spring.

Oct. 1850,—6t.

MEDICAL EXAMINATIONS.

JEFFERSON MEDICAL COLLEGE.

The Subscribers will commence their course of Examinations in October, and continue them daily until the close of the Session.

Anatomy, Surgery and Materia Medica, by - - - J. M. ALLEN, M. D.

Practice, Institutes and Obstetrics, by - - - F. G. SMITH, M. D.

Chemistry, by - - - R. BRIDGES, M. D.

The Examinations will be held at their Rooms, in College Avenue. Suitable Illustrations, by means of Anatomical Preparations, Surgical Apparatus, Specimens of Materia Medica, Obstetrical Manikin and Instruments, Plates, &c., will be afforded during the course.

OFFICE INSTRUCTION.

The subscribers continue to receive Students into their Offices for the whole or a part of the Term of Study.

Students who enter their Offices will have access to a full course of Lectures in the Philadelphia Medical Association, the use of Specimens of Materia Medica, Anatomical Preparations, Obstetrical Manikin, and a well assorted Library. They will also receive

TWO FULL COURSES OF EXAMINATIONS,

One during the Summer, and one in the Winter. The Winter course will commence early in October, and continue until the end of the Session.

FOR TERMS, APPLY TO

DR. J. M. ALLEN, No. South Tenth Street, or

DR. F. G. SMITH, No. 291 Spruce St., below Tenth.

Candidates for the Medical Department of the ARMY and NAVY are also received.

Philadelphia, Sep. 1850.

GEORGE ASHMEAD,
DRUGGIST AND CHEMIST,

No. 235 Market Street, above Sixth, Philadelphia.

Has always a general assortment of carefully selected Drugs, Medicines, and Chemicals; also Surgical and Copping Instruments, Syringes and Glassware. Physicians may rely on the Chemical and Pharmaceutical preparations being of a superior quality, most of which are prepared under my immediate supervision. Medical students supplied with such articles as appertain to the profession.

Warranted pure Sulph. Quinine, Blue Mass, Calomel, Precip. Ext. Bark, Powdered Aloes, Cinchona, Colombo, Ergot, Gamboge, Ipecac. Jalap, Opium, Rhei, &c. Medical Saddle Bags, price from \$10 to \$20.

ANATOMICAL PREPARATIONS.

The subscriber begs leave to inform the Medical Profession, that he has and will keep a supply of Anatomical Preparations, of a superior quality, from France, such as

Skeletons, articulated and disarticulated.

Heads, with jaw articulated.

“ “ disarticulated.

“ “ remounted, with the different pieces moveable, (a very handsome article.)

Heads, sawed, and showing the internal and middle ear, (a splendid article.)

Preparation of internal and middle ear, with the nerves and arteries.

Temporal bones, showing the internal and middle ear, mounted.

Carved jaws, demonstrating the first and second dentitions.

Preparation of the external carotid artery and the internal maxillary, with its branches.

Preparation of the fifth pair of nerves, with its branches.

Hands and feet, articulated.

“ “ mounted.

He has also an assortment of Gum Elastic Catheters and Bougies, of different shapes, and Wax Bougies, direct from the best manufacturer in France, a very superior article.

All orders sent, shall be filled with such medicines as shall give satisfaction and at the most reasonable prices for the like quality.

GEORGE ASHMEAD,

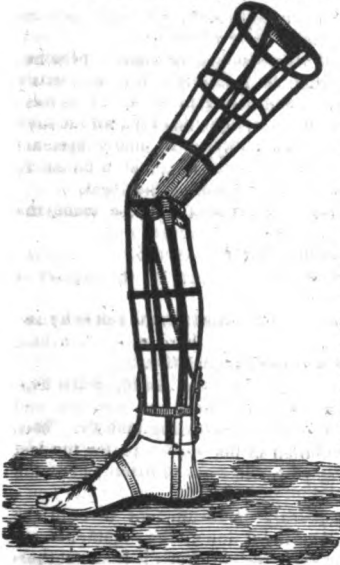
Druggist and Chemist,

235 Market St., one door above Sixth, Philadelphia.

Oc 1850—1y.

YERGER & ORD,

Patentees and Manufacturers of the Metallic Skeleton Artificial Leg, Ankle Supporter, and Improved Surgical Machinery, for the Treatment of Deformities.



THE METALLIC SKELETON LEG has been examined by some of the most Eminent Surgeons and Scientific men in the United States, who are unanimous in pronouncing it unequalled; *all* of the objections heretofore existing to Artificial Legs being entirely overcome—it is *lighter, neater, more durable*, and the movements are more natural than any artificial limb ever before produced in this country or Europe. It is constructed of steel ribs, arranged so that one piece braces the other, rendering it capable of sustaining three times the average human weight, and allowing the free access of air to the stump, always keeping it cool and healthy, the weight varies from $2\frac{1}{4}$ to $3\frac{1}{4}$, and in no case will exceed 4 pounds. They can be adapted to every form of amputation, and worn with a comfort heretofore unknown in the history of Artificial Limbs.



THE PATENT GRADUATING SPRING ANKLE SUPPORTER is the only Instrument known that will give support to a fractured or weak Ankle, and allow a flexible movement of from a sixty-fourth part of an inch to the full sweep of the ankle joint; the broad lacing represented, throws the weight of the body on the calf of the leg, leaving the joint entirely free from pressure; the front and back springs, connected with stops, work upon the ankle ring, by which means the wearer can regulate it to suit his comfort. It would be almost impossible to describe the various injuries resulting in the loss of the ankle-joint and disabling the foot, where this Instrument can be applied with the most astonishing success.

IMPROVED APPARATUS, for the treatment of CLUB-FOOT, BOW-LEGS, KNOCK-KNEES, CONTRACTED LIMBS, FRACTURED OR WEAK ANKLES, SPINAL DISTORTIONS, &c., &c. all of which are upon entire new principles, and superior to any introduced into this Country, and will be warranted in every case to accomplish fully the object for which they are intended.

Y & O. respectfully solicit the patronage of the Medical Profession of the United States; feeling assured that the improvements they have made in Surgical Machinery cannot but meet their entire approbation. Particulars will be communicated on application, personally, or by letter, (post-paid,) directed to the office,

No. 7 PHOENIX BLOCK,

Jan. 1850.

S. W. Corner of Second and Dock Streets, Philadelphia

Mrs. James Betts' Uterine Supporter,
FOR THE RELIEF AND CURE OF UTERINE AND ABDOMINAL
DISPLACEMENTS, &c.

Eleventh and Walnut Sts., Philada.

A CAUTION to Physicians, Druggists, &c., against imposition. Unprincipled persons having put up an article with a view to make money—have falsely called it "Betts' Supporter," and have deceived many hundreds of unsuspecting persons. This has been the case in St. Louis to a large extent, as well as Louisville, Ky., and many other cities, this counterfeit being badly arranged, and defective in many special particulars. Mrs. Betts has had an engraved U. S. copyright label placed on each box, and any sold without this, and her signature on each Supporter, may be detected as counterfeit. She also, in 1848, obtained damages and costs against a house in Philadelphia, in the Supreme Court of this state, thus establishing her right.

☞ The mode of taking the measure is by passing a piece of tape, &c, round the body on the hip bone, and sending the number of inches.

ADDRESS TO THE PROFESSION.

She would mention,—1st. That the old method of treatment by the pessary is very offensive to female delicacy.

2d. That it unavoidably leads to the confinement of the patient to the bed or house.

3d. That it necessarily leads to a long train of evils, viz: hardening, scirrhus, ulceration, leucorrhœa, &c. &c., besides mental and nervous debility.

4th. That the above causes, and many others combined, have rendered the Pessary a very unpopular medium of relief, both among Physicians and patients, and have caused a demand for a better mode of relieving this distressing malady. Mrs. B. would add, that the brilliant success and reputation of her supporter, for the last 15 years, has had the effect of almost banishing pessaries from practice where the Supporter could be procured.

5th. That the lifting up the uterus by the pessary is insufficient to cure the complaint; there is a pressure at the fundus, bearing it down, the ligaments are relaxed, and the viscera around and about it, by their weight, keep it from recovering its position. A GENERAL SUPPORT to the abdomen is necessary, and is the desideratum. Thus an opportunity is afforded for the recuperative energies of the viscera to commence their work with success. The weight of the viscera pressing on the fundus, and the pessary at the extremity, she had found, after long experience, attended with bad effects.

6th. On the other hand, a lady having her Supporter applied, feels a delightful change; the heavy dragging pains are mitigated; she is, as it were, a changed woman; she walks with ease, attends to her domestic duties, &c. The taking off the pressure on the uterus is the cause of this improved state of things, combined with the moderate and gentle pressure by the perineal pad; thus no time is lost; a rapid and perfect cure in general takes place.

7th. There is no compression, as very fluently stated by the opponents of Mrs. Betts' invention, some of whom, after writing and speaking about it for 14 years, have never yet overcome their reluctance to employ it for the first time, and therefore discourse and write about what they do not understand. Her Supporters have now been in use 15 years, and during that time have been employed by 25,000 ladies, and their reputation permanently established. Mrs. B. would also add, that she never yet saw a counterfeit article that would not produce the evils intended to be remedied, and therefore would urge the importance of procuring a genuine Supporter. And it is now ascertained that steel pressure is most injurious and must be avoided in the weakness alluded to.

The Supporter can be procured (where we have no agent) by enclosing the amount in a letter, and the measure, and the Supporter can be packed, with directions, and sent by mail, or by any other conveyance ordered. Price, Five, Six, Seven or Eight Dollars, according to finish.

P. S. Many eminent Professors and other Physicians, in most cities of the U. States, have favored Mrs. Betts with their testimony, as to the value of the Supporter. Its sale is now larger than that of all others put together.

We are also Patentees of Dr. Scofield's Porcelain Supporter.

Please address all letters, &c., to

JAMES BETTS, Wholesale Agent,
11th and Walnut streets, Philadelphia.

Nov. 1849.

TO PHYSICIANS AND OTHERS.

The subscribers offer to physicians and druggists, a carefully selected stock of drugs and medicines, which they will guarantee to be of the best quality, pure and unadulterated in all cases. Their facilities for importing foreign drugs and chemicals are such, that they are enabled to sell them upon the best terms, and at the same time to assure their customers of their genuineness. They also have on hand of their own preparation an assortment of

PURE DRUGS IN POWDER,

Neatly put up in 1, $\frac{1}{2}$ and $\frac{1}{4}$ pound bottles, such as Aloes, Rhubarb, Senna, Senega, Rhatany, Kino, Gum Arabic, Serpentina, Ext. Glycyrrh, Ipecac, Potassa Sulph., Potassa Nitras, Borax, Sp. Ether Nitros, U. S. P., Oils of Copaiva, Cubebs, Ergot, Tobacco, &c. Citrate of Iron and Quinine, Sesquioxide of Iron, an antidote for arsenic, Citrate of Magnesia, a new and pleasant cathartic medicine, put up in 12 oz. bottles, \$2 per doz. Spigelia, Buchu, Orris, Cascarella, Canella Alba, Uva Ursa, &c.

Great care has been taken to have these prepared from the best selected drugs and in such a way as to preserve the characteristics of each article without injury.

They have also a variety of

CHEMICAL AND PHARMACEUTICAL

Preparations of their own manufacture, and add to the list all the valuable new remedies as they become known. Among them may be mentioned the following:

Hydrocyanic Acid,
Preparations of Iodine,
" of Potassa,
Liquor Ammonia,
Aqua, do.
Phosphate, do. a new remedy for
Rheumatism.
Blue Mass,
Extract of Gentian,
" Quassia,
" Taraxicum,
" Valerian, fluid, a new and
useful remedy.

Preparations of Mercury,

" Iron,
" Zinc.

Extract of Senna, fluid, a pleasant
form to administer to children.

Extract of Buchu Comp., fluid,

" Spigelia,
" Sarsaparilla Comp., fluid,
" do. do. solid,
" do. do. simple.
" Colocynth do.
" do. do. simple,

Collodion, or Liquid Adhesive Plaster; a convenient application in many surgical operations, put up in small vials. Also

CANTHARIDAL COLLODION OR BLISTER- ING LIQUID,

A convenient preparation of cantharides in many cases where there is a difficulty of applying the ordinary blistering plaster. A coating of it applied with a camel's hair brush and covered with oil silk or some similar substance, will produce a blister in three hours' time; or when exposed, in the usual time of about twelve hours.

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- FERUSSAC.**—*Histoire naturelle, générale et particulière des Mollusques terrestres et fluviatiles*, tant des Espèces que l'on trouve aujourd'hui que des dépouilles fossiles de celles qui n'existent plus; classés d'après les caractères essentiels que présentent ses animaux et leurs coquilles, par M. DE FERUSSAC, continué depuis la 29^e livraison, par G.-P. DESHAYES. Ouvrage publié en livraisons chacune de 6 planches in-fol., gravées et coloriées avec le plus grand soin. Les 34 livraisons publiées forment un ensemble de 198 planches avec le texte: prix réduit, au lieu de \$262, \$62.
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- VROLICK.**—*Tabulæ ad illustrandum embryogenesisin hominis et mammalium*, folio, half-bound. Amsterdam, 1849. \$40 00.
- WALLICH.**—*Plantæ Asiaticæ Rariores; or Descriptions and Figures of a select number of Unpublished East India Plants*. 3 vols. folio, hf. cf. with 300 colored plates. London, 1830—32, \$100 00.

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NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editor, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 20th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

American Journal of Medical Sciences. Oct.

Western Journal.

New Orleans Journal.

Charleston Medical Journal and Review.

North Western Medical and Surgical Journal.

New York Journal of Medicine and Collateral Sciences.

Nordamerikanischer monatsbericht für Natur-und Heilkunde.

New York Medical Gazette. Weekly.

The Boston Medical and Surgical Journal. (Weekly, Boston.)

Buffalo Journal.

Medical News.

American Journal of Insanity.

Southern Medical and Surgical Journal. Oct.

The London Lancet. (Weekly, London.)

The Medical Times. Weekly, London.

Dublin Medical Press.

British and Foreign Medico-Chirurgical Review. Oct.

Provincial Medical and Surgical Journal.

London Medical Gazette. Sept. and Oct.

London Medical Examiner. Sept., Oct. and Nov.

Pharmaceutical Journal. (London.)

Edinburgh Medical and Surgical Journal. Oct.

Journal of Psychological Medicine. Oct.

Monthly Journal of Medical Science. (Edinburgh.) Oct. and Nov.

The following works have also been received for notice:

Howard on the Eye.

Spectacles, their Uses and Abuses. By Sichel.

An Essay on Zoo-Adynamia. By J. G. Ziegler, M. D., Philadelphia.

Woman and her Diseases, by C. D. Meigs, M. D. 2d edition. From Lea & Blanchard.

Diseases and Surgical Operations of the Mouth, by Jourdain. From Lindsay & Blakiston.

Diseases of the Kidneys, by F. A. Ramsay, M. D.

Chart of Auscultation and Percussion, by C. Claiborne Gooch, M. D., Richmond, Va.

Communications have been received from:—

W. J. Reese, M. D., Alabama.

William Waters, M. D., Fredericktown, Md.

G. H. H. Koontz, Woodstock, Va.

E. C. Banks, Lawrenceville, Ill.

J. Travis, M. D., Tennessee.

The foreign correspondents of the Examiner will please direct their Exchanges and other communications to the care of Mr. Charles J. Skeet, 27 King William St., Charing Cross, London, or Mr. H. Bossange, 21 Bis, Quai Voltaire, Paris

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—NO. LXXII.—DECEMBER, 1850.

ORIGINAL COMMUNICATIONS.

*Fragments from the note-book of an office pupil of the late Dr.
GEORGE M'CLELLAN, containing cases and clinical remarks.**

May 12th, 1843. *Calomel—effects of large doses.*—Dr. M'Clellan in referring to-day to the effects of large doses of calomel upon the system, mentioned some experiments which were made upon dogs in India by Annesley. He gave \mathfrak{zj} . or more of calomel to one dog, and a few grains of the same to another, and killed them both after a certain number of hours. After repeating these experiments, he invariably found that the large doses had the effect of blanching the gastric mucous membrane, contracting the intestinal exhalents, stimulating greatly the liver, and apparently of forming with the intestinal mucus, a thick saponaceous compound; while the examination of the animals treated with the small doses, developed only the engorgement of the mucous membranes which is usual after death.

*The manuscript book*from which these fragments are extracted was only preserved for its writer's own use, but the Editor has thought that records, however slight, of the views and practice of so eminent a man, would not be unacceptable to the readers of the Examiner.

In remarking upon these experiments, Dr. M'Clellan said that he thought the happiest effects had resulted from doses of calomel ranging from 20 to 60 grains, in many cases where smaller quantities were usually given, as in certain forms of gastric irritation, inflammation and congestion, congestive hepatic disorder, dysentery, and the symptomatic affections of the abdominal viscera, accompanied by foul watery evacuations which frequently occur after bad wounds. Such doses generally cause only one or two evacuations, which are often more consistent than those which preceded them, stimulate largely the liver, correct the disposition to diseased exhalation, and, in general gastro-intestinal affections, often put a stop at once to vomiting and purging. He has seldom seen large doses of calomel productive of any but a pleasant effect when given in a state of system accompanied by dry skin, and generally defective secretions, and is always careful to diminish or discontinue the doses upon the re-establishment of these.

He has sometimes found that the long-continued action of calomel even in small doses, when it did not produce salivation, caused very disagreeable consequences, among the most troublesome of which was *amaurosis*, which he has occasionally seen to be produced. Mercurials given with the effect of causing slight ptyalism, he never found to give rise to such or any other unfortunate results.

Nitrate of Silver.—This powerful escharotic has a most delightfully mild and tranquillising effect upon the mucous membranes; and is an invaluable remedy for inflammation or irritation of those tissues. Its effects in sore throat and ophthalmia have long been known. In the latter disease it deadens the irritability, blanches the mucous membrane, contracts the vessels, and sometimes in the most painful, strumous ophthalmia, with intolerance of light, after one or two applications, enables the child to bear the full glare of the sun. He generally has it dropped into the eye in the proportions of from gr. j. to gr. iij. to a f.ʒj of water, or else applies to the surface, moistened bibulous paper, previously smeared over a stick of caustic, or where granulations exist, applies the solid nitrate itself. He has found the sedative and counter-irritant ef-

fects of the caustic freely applied to the *outside* of the lids, to assist very much in the treatment of scrofulous ophthalmia with great photophobia, as well as in the severe inflammations occurring in adults.

Dr. M'Clellan has found this remedy serviceable in allaying irritation and inflammation of other organs. He administered it in the only real case of idiopathic gastritis he ever saw, where the patient could retain absolutely nothing upon her stomach, and was afflicted with the most obstinate and constant singultus-like vomiting. After all ordinary means had failed, he gave the nitrate of silver in doses of $\frac{1}{4}$ grain, repeated as often as they were rejected. After a few hours the vomiting ceased, and she was soon, with that and other treatment, enabled to retain any kind of nourishment.

Dr. M'Clellan also finds this remedy invaluable in erysipelas; not only to set up a circumscribing barrier, but to deaden the irritability of the part, and reduce the inflammation, smearing it lightly over the skin, so as not more than to blacken it. It lessens irritability of the skin generally, can often be applied with great benefit over parts affected with *dermalgia* and *neuralgia*, and has also a delightful effect in removing the irritability of *corns* when painful. Blistering the surface with caustic over the course of a nerve affected with neuralgia, has frequently acted like a charm in his hands.

June 19th, 1843. Cataract commencing.—A young man presented himself, who has had within the last few months, an increasing dimness of sight; but which, as yet, by no means amounts to a total loss of vision. There are slight milky opacities in both his lenses, and he has rather an undue determination of blood to the eyes; iris and conjunctiva too highly colored.

The Dr. thought, that as it was only the commencing stage, it would be possible to make it disappear by the use of cathartics and slight alteratives. He therefore gave:

B. Ext. colocynth. compos. ʒj.
Hydrarg. chlorid. mit. ʒss.
Ant. et Potass. Tart. gr. ij.
M. et divid. in pill xxx.

3 pills to be taken every 3d night.

He believes that it is often possible to stop the progress of cataract in young people, but seldom or never in old.

Diseases of the Prostate Gland.—Inflammatory enlargement of the prostate rarely occurs but in young men, and is then generally owing to irritation from gonorrhœa or similar causes. In this disease, a burning pain is felt in the part, with which the rectum sympathises so much, that the pain is often attributed to that organ. The tumor can often be perceived in perineo, but is always felt distinctly by the finger introduced into the rectum. It can be best combated by general depletion, leeches and cups to the perineum—cold and soothing applications constantly injected into the rectum, purgatives, &c.

The chronic enlargement that occurs in old men, is a very perverse disease, and often impossible to cure. Frequently the only thing that can be done, is to prevent obliteration of the urethra by the use of bougies.

The Dr. out of many cases, only knows two which have been fully reduced, and in these suppuration took place, and the tumors were entirely removed.

Spontaneous Absorption of the Prostate.—He mentioned a very interesting case of a man under the care of Dr. Morton, who, when young had been a victim to masturbation, and in after life was always subject to emissions; in coition, semen would be discharged before he had obtained an entrance. Almost lost the use of lower limbs, &c.

In him, the prostate had been entirely absorbed. By introducing a catheter and putting the finger into the rectum, it could be run along the whole course of the catheter without meeting with the prostate. He since saw a case in the dissecting rooms where there was no prostate, and where the patient appeared to be of the above description.

Stricture from Enlarged Prostate.—When the prostate is enlarged, the Lobulus Morgagnii, or third lobe, very often projects up across the opening, forming what may then be well called, the *palate* of the bladder or *uvula vesicæ*. In such cases, it is next to impossible to get a common catheter into the bladder. It must

be longer than common, and *very* much curved—when with tact, it is easily passed in.

A few remarks upon Strictures of the Urethra.—These should at first be always examined with a wax bougie—inasmuch as by the careful use of it, the exact nature and appearance of the stricture can be easily ascertained. The wax becomes warmed in the passage, and takes an exact mould of the contracted part. If it will not enter the stricture, the application of force will expand and bend the end of the bougie, and will show the mouth of the stricture upon its point. If it will enter, the part which it has entered will be an exact reversed copy of the stricture, (dilated somewhat by pressure, to be sure,) while the force applied will bend the part behind—back in the healthy urethra.

These bougies are also very convenient for cauterising the urethra; a *small* piece of caustic must be firmly imbedded in the end of the bougie, and part of it covered over—thus there is no danger of its falling out, and any part of the stricture may be touched by it.

Patients are sometimes under treatment for months, from the idea that they have strictures, caused by the apparent impossibility of passing up a catheter. These difficulties often arise from the lacunæ or follicles of the urethra, or the prostatic ducts being enlarged, and may occur even from their existence in the natural state.

A pointed bougie will frequently catch against these obstructions and give the idea of an impassable stricture. If a large bougie with a blunt round extremity is used, it will pass the obstacle in nine cases out of ten.

It is well to carry the point of the bougie pressed upon the lower or posterior surface of the urethra, till it arrives at the pubis, for the lacunæ of the urethra are chiefly upon the anterior surface, and when it passes that part, to press it upon the anterior portion; for the verumontanum, and the prostatic and antiprostatic ducts, are upon the posterior part. To show the possibility of the catheter getting into one of these ducts, Dr. M'Clellan mentioned a case in which a surgeon had made numerous attempts to get into the bladder, in a case of prostatic enlargement. At last he changed

the position of the instrument slightly. The man cried out that something had given way, and the instrument passed its whole length without difficulty, apparently into the bladder. No urine came, however, and the attempt was not renewed. The man ultimately recovered, but died a short time after of a bilious fever. On an examination it was found that the catheter had entered the sinus pularis, gone through the ejaculatory duct, torn through the vesicula seminalis, and some recto-vesical attachments, and produced a large abscess there.

He mentioned another very interesting case in which the catheter penetrated the *ureter* by being carried too far.

It was that of a man who had swallowed a date stone, which lodged in the appendix cæci vermiformis, producing inflammation, which ended favorably in a large abscess circumscribed by the peritoneum in the lower part of the abdomen, so that the bladder floated in it. This produced a tumor above the pubis, which was mistaken very naturally for retention. Dr. Physick introduced a catheter two or three times, but only a tablespoonful or so of urine would come off. Thinking that he had not penetrated the bladder, he, on one occasion, made use of more force than usual, but with the same results. Finally the man was tapped above the pubis at Physick's request, by M'Clellan, when the state of affairs above described was found; no *urine* in the bladder, but a large abscess in front of it. The man died in a few days, when an examination developed that the catheter had passed up the ureter about an inch, tearing the mucous membranes, so that a large blister of urine had formed between the mucous and muscular coats.

Irritable Urethra.—Where the urethra is very irritable, the injection of a solution of nitrate of silver is an invaluable resort. In many cases of stricture, and in particular predispositions, there is great irritability of this canal, increased by the slightest touch of a bougie.

He recollects the cases of two gentlemen, brothers, suffering from stricture, in which the most gentle application of the bougie gave rise to intense agony, nervous chills, and even convulsions. In both these cases, the use of an injection of nitrate of silver, gradually increased from the strength of three grs. to an f.ʒj. water

up to six or ten grs. entirely cured this morbid sensibility, and in a few weeks the bougie could be introduced in both cases without any unpleasant results.

*Sept. 24th, 1843. Hydrocele of the Neck.**—A young gentleman, æt. 19, from Mount Sterling, Kentucky, has had a tumor in his neck, which has been increasing for two years, until it deformed him very much, presenting a uniform, oedematous-looking enlargement of all the front and sides, looking somewhat like the leg of one affected with elephantiasis. It was of a soft consistence, yielding a semiliquid feel, and had given him little pain or uneasiness, except that it produced difficulty in breathing at night, and snoring.

Dr. M'C. pronounced it to be a hydrocele of the neck, or watery tumor contained in a sac, probably encircling the thyroid gland. He determined, as the only safe course, to make an exploratory puncture, and let out the matter.

Last Sunday he did so, by introducing a lancet at the most projecting part of the swelling, upon the left side, and let out about a pint of dark bilious looking serum, tinged with blood. He injected a little warm water to clean out a few flakes that were in it, and closed up the wound, merely applying some lint upon it.

Monday morning. The tumor had filled up to its usual size, appeared to be a little inflamed; it was very difficult for him to swallow, and he was suffering from considerable constitutional derangement. He had had a slight chill in the morning, and then (10 o'clock) his pulse was quick (120) and irritated, and he was querulous and excited. Dr. M'Clellan bled him 10 ounces (he had been purged on Saturday and Sunday,) and ordered

R. Sulph. morph., grs. iss.

Ant. and potass. tart., gr. i.

Aq. fluvial, f. ʒij.

S. 40 drops every few hours, and also gave aq. camphoræ every few hours, which remedies had the effect of calming him very much.

* This case is reported at length, with remarks upon this affection, in M'Clellan's *Surgery*, page 318.

Tuesday, Wednesday, Thursday and Friday, he continued getting rather worse; at times violently delirious, and at others apparently in a typhoid state; a little subsultus tendinum and muttering delirium.

He could swallow water with difficulty, and could take no nourishment but a little liquid preparation of arrow root and ice cream, &c. Cold lotions were kept applied to the part, and on Wednesday fifty leeches were applied, which had the effect of diminishing the pain.

On Saturday the Dr. felt an obscure fluctuation on the opposite side, and opened it with a lancet, letting out f. 3j or ij. of a bloody serum, of a suspicious looking character, and he then ordered the application of poultices. From all the symptoms, he feared very much the development of fungus, a result which has often taken place in similar tumours, although, sometimes, puncture and even the employment of setons in these cases, have given rise to suppuration and obliteration of the sac, and have resulted in perfect cures.

Tuesday, Sept. 26.—His bad symptoms have all abated, and the wound is now in a state of full suppuration. He is easy and perfectly *compos mentis*. Pulse weak but natural; and there is every prospect that the process of suppuration now going on will result in the closing of the sac and spontaneous cure of the disease, without the formation of fungus.

Saturday, Sept. 30th.—The puncture on the other side, which had closed entirely, again opened yesterday, and full suppuration is now going on at the orifice, and the right and left sides now appear continuous.

Nov. 1st.—He has gone home, perfectly cured, the tumor reduced in size, there being only a little lump on the left side near the orifice of the wound, which is still suppurating freely.

Remarks on the Medical Topography of Callao and Lima. By G. R. B. HORNER, M. D., Fleet Surgeon, Pacific Squadron.

On a fair day, the approach to these celebrated places is highly picturesque. The Andes are seen to the eastward and behind them, raising their snow capped summits thousands of feet above the mountains between the former and the ocean, and though formed of barren russet ash-like rocks, their sublimity, ruggedness,

and variegation of outline render the prospect of them exceedingly striking. On approaching more nearly from the sea, we perceive to the south east, for miles, a high perpendicular and rocky shore, constantly washed and beaten down by the surf, and directly eastward the rugged precipitous island of del Fronton. Separated from this by a narrow strait is that of St. Lorenzo, which rises 1280 feet above the ocean, and forms the western side of the harbor of Callao. Between the two islands are perceptible the ships at anchor there, displaying their masts and banners above the low, sandy, pebbly peninsula, on which stand Callao and its immense castle. Between the western end of this peninsula and St. Lorenzo is the Bouqueron passage, but it is a dangerous one, from its rocks, shoals, and narrowness, and vessels generally run into the harbor through the northern entrance, between the upper end of St. Lorenzo and the main land. In doing this we have a magnificent view of the mountains, harbor, islands, Callao, Lima, and the country between it and the water, which though only in part cultivated, displays a luxuriance of vegetation, much in contrast with the barrenness of the mountains. As soon as a ship anchors she is surrounded by flocks of birds, feeding upon whatever they can gather upon or beneath the water. From morning to night, gulls, cormorants, ducks, and dark, bag-throated pelicans continue to swim, dive, and skim over the surface. Such flocks of them I have never seen in any other part of the world. But Callao presents little of interest; it contains only about 5000 souls, has irregular, mostly narrow, illy paved streets, and is built either of sunburnt bricks or adobes, plastered over, or of posts and reeds smeared over with mud. Recollection of the awful earthquake which caused the old town to sink beneath the ocean, and fear of another such catastrophe, prevent any attempt at style either in the size or structure of the houses. These are nearly all one story high, and flat roofed. The largest have inner courts, some of which are well painted, quite spacious and handsome. Water is furnished chiefly from two large bronze fountains, each made of basins gradually diminishing in size from the lowest to the highest. The market is in the large square, and is tolerably well supplied with fruit and vegetables, but fish, flesh, and fowl are not abundant, and the numerous black vultures perched on the houses and castle walls, look half famished and disconsolate from the scarcity of

meat thrown away by the inhabitants. The castle occupies about ten acres of ground, is separated from the town by a moat forty feet wide, eight or ten deep, and encloses two large round terraces, a chapel, and barracks, now chiefly used as the custom house. Between the castle and the point looking towards the Bouqueron passage, lie the skeletons of the multitude who perished by the sword, famine, and pestilence during the late civil wars of Peru. So numerous were the dead, that their bodies were dragged out of the castle and thrown upon the beach to moulder, or serve for food to birds and beasts. For an incredible period the air of the town was tainted with the putrid exhalations. Subsequently and after the suppression of a mutiny in the garrison—as I was informed by an eye-witness—160 men were shot, hauled out in carts to a pit dug out of the town, were thrown within it and consumed with fire. But at this time the air of Callao is as pure as that of most similar towns, and though frequently damp from moisture, whole cargoes of Chilian wheat are kept constantly heaped in vast piles, upon the space between the town and the long quay erected by Gen. Miller. The wheat there lies white, clear, and plump for indefinite periods, though merely a few mats are thrown over it during the dampest weather. Callao is justly entitled to the appellation of salubrious, and furnishes little private practice to physicians, has no public hospitals, and only one private, that of Dr. Gallagher, of Lima. He pays it daily visits, and has Dr. Whittingham in constant attendance. The hospital is partly formed by the old custom house, stands on a declivity, a mile southeast of Callao, and adjoining the village of Bellavista. The location of the building is airy, convenient, and commanding. From it are seen the romantic country back of it, and likewise the town, harbour, ships, ocean, and the eastern face of Del Fronton and St. Lorenzo. The hospital has two courts, several rooms for offices, and three wards, large enough to accommodate fifty patients, and well ventilated by valves in the skylights over the middle of the wards. These are parallel to each other, open by doors into the chief court, are paved with bark, furnished with iron bedsteads and wool mattresses, and though not kept in the nicest order, are very comfortable for the poor weather-beaten sailors who resort to them for health. There were forty-three of them in the hospital when I visited it, and each one paid \$1.50 per day for

board and medical attendance. Officers are charged higher, and proportionately to their accommodations. The diseases in the hospital were those most common among seamen. An American had died in it very recently ; and its walls had been shaken by two shocks of an earthquake the night before my visit, but they are thick, only a story high, and cannot be thrown down except by a very violent shock. We can then with good reason recommend the hospital to merchant seamen, and in emergencies to those of any vessels of war, crowded with sick, or having incurable and contagious cases, or such as would be benefitted by treatment on shore. Desertion is the strongest objection to sending men to this hospital, but that is trifling when we calculate the comfort afforded the sick, the better chances they would have of being cured, and the greater certainty of their not contaminating a whole crew by remaining on board ship.

From Callao to Lima is an inclined plain, six miles wide, rising gradually from one to the other, at the rate of eighty feet the mile. Lima then, is nearly five hundred feet above the ocean, and stands at the highest part, upon its eastern border, beneath a bare rugged ridge of granite. Through a gap of this flows the Rimac, a rapid mountain stream, rising from the Andes, and fed by their melted snows. The river runs through the northern end of the city, and when full is a hundred yards across, but almost all of its water is diverted from its channel to turn some mills, to supply the Limanians, and irrigate the country below the city. To effect this justly a commissioner is appointed to direct the water where wanted, and by aid of it and the dew the soil produces abundantly, as it is alluvial and naturally fertile. This is made manifest by its yielding two or three times a year crops of fruits and vegetables. Among its fruits are limes, lemons, oranges, pineapples, bananas, guavas, plums, pomegranates, the granadilla; the luscious fruit of a passion flower, the picaya, a very large legume with black seed and a sweet frost-like pulp, and the delicious cherimoyer. This is the fruit of a magnolia, is of a green color exteriorly, white within, has a scale-like rind, and contains many black seeds buried in a juicy, very sweet pulp, flavored slightly with strawberry. The cherimoyer is the most esteemed of Peruvian fruits, is wholesome and nourishing. It forms a chief article of food to the natives, and when it is of fullest size, will nearly yield enough nourishment

for a breakfast: Of vegetables the most abundant are pumpkins, Indian corn, potatoes, cabbages, beans, and yuca, a species of mandiaca root, like that of Brazil, but used simply as a vegetable, and not made into farina nor tapioca. An ordinary method of cooking it, is to strip off its rusty, blackish skin and boil it with beef, with which it is eaten after soup has been served. The plant is cultivated in fields, attains a height of five or more feet, has a palmate leaf, and an irregularly fusiform root from one to two feet in length. The Limanians can boast of eating the best of potatoes, both sweet and common, or, more properly, indigenous as they were first found in Peru. The finest used are the large deep purple potatoes, and the small yellow, which are the most savory of the two kinds, and when well cooked have a delicacy, lightness, and gusto surpassing those of any other potatoes, not excepting the sweet of Lima, which are very good. These are generally of a deep yellow color inside, and differ from ours in shape by being knotted on the outside. Some of them are so much so that they resemble a common potato of great size, formed of five or six large tubers.

Of medicinal plants few are to be found wild or cultivated. The mountains are too rocky to produce them, the plains and valleys too much in demand for eatables, to allow them to grow abundantly. But on the banks of the Rimac above the city and near a mill race on the north side, the palma christi grows spontaneously, and perennially. Some of the nightshades are also produced, and among them the most remarkable is the *Datura arborea*, or *Floripondio*. It is strongly narcotic, thought dangerous in a bed chamber, attains a great height, and bears a perfectly white lily-like flower, composed of a single goblet-shaped petal eight inches long, with an everted margin, terminating in four points an inch or two in length.

To obtain a perfect view of the city and surrounding country, it is necessary to clamber to the top of St. Christopher, a mountain at its northern extremity. It is a part of the ridge mentioned, stands on the right side of the Rimac, rises seventeen hundred feet above the sea, and is formed of huge fissured granitic rocks, resembling the lava of Etna. Its summit has two points like the crater of Vesuvius, and on the highest a conical heap of stones and lime surmounted by a wooden cross. The ascent is steep,

broken, and in parts slippery and dangerous, but the prospect beheld after the summit is attained fully compensates for fatigue suffered. Within the prospect are included the Andes, the valley of the Rimac, the bull circus, the new Alameda; a favorite public walk; the city, Callao, ocean, and its coast from above St. Lorenzo to that below Cherillos, the fashionable bathing place of the Limanians. From his airy position the spectator perceives that Lima, on the south side of the river, is hemmed in by a ditch and wall of adobes, except along its margin, and that it has rectangular streets of convenient width, that it abounds in churches and flat roofed dwellings, rarely more than a story high. But they occupy a great deal of ground, and have from one to two spacious courts included within their walls. These are formed of adobes, much larger than sun burnt bricks, but much smaller than the immense adobes composing the fences of the adjacent fields, for two of the latter kind, placed one above the other, are sufficiently high for an ordinary fence. The finest dwellings have very high apartments, opening into one another and the courts. On the back one of these are the kitchen and servants' chambers, and on the front those of the family, and the parlors. These are large, have wooden ceilings, plank or brick floors, and walls covered with paper, tacked on, as paste will not make it adhere to the adobes forming them. Chimneys are not used, and none are visible, though fire would be agreeable during the frequent drizzles which fall night and day, and are heavy enough to chill the air, make muddy streets and fill small hollows with water. The drizzles are called dews, but in the United States would be termed light rains. When they prevail, the Andes are entirely obscured in mist and clouds, and I have seen Fahrenheit's thermometer sink to 60° even in the harbor. But this is more properly to be ascribed to the ever blowing southerly trade winds, than to the dampness of the atmosphere, or the wide rapid streams from the Rimac, flowing in the middle of all the principal streets, and gushing from the basins of the bronze fountain in the great square or plaza. This has the viceroy's palace, now the president's, on one side, the bishop's and cathedral on another, and the two portals or arcades of shops on the remaining. The cathedral is a vast pile of adobes, lime, and wood, 245 feet in front, 375 in depth, and contains the remains of the first viceroy of Peru, Francisco Pizarro, but we will let them

there rest in peace, and speak of the living Limanians. They are estimated at 85,000 by the last census, and consist of whites, blacks, mulattoes, Indians, and various admixtures. The officers of the government, those of the army, and the principal native families are of Spanish descent, the soldiers, hucksters, many of the servants, the market people of the city and country, are native Indians. Indeed in the four battalions composing the garrison, I did not see one who was not. They are copper colored, short and stout, rarely over five feet five inches high, often under that, and have low wide foreheads, black eyes and hair. Their physiognomy indicates mildness of temper, prudence, and a moderate amount of intelligence. They and all the other citizens are Roman Catholics, much addicted to festivals. One occurs besides the Sabbath every month for ten of the year, and two take place in each of the two remaining months. Idleness and dissipation are the natural consequences, and during these festivals the lower class of men consume a great quantity of spirit, chiefly pisco, so named from the town where it is manufactured. It resembles in color and taste corn whiskey, and is made from the fermented juice of the Peruvian grape. Lima has no good schools for extensive education, and only one medical. This has a full number of Professors, and eighty students, who have access to four hospitals in a limited manner. They are the female hospital of Santa Ana, the male one of St. Andros, the military, and incurable. The three first lie in the southern quarter of the city, the last is within the north eastern. They are all built similarly to the dwellings, and do not require minute description. It may be enough to state that they have a single story, are paved with brick, furnished with iron and plank bedsteads, and are indifferently well ordered.

The best hospital is St. Ana's. It has four large rooms forming a cross, with rooms between the limbs. It accommodates over 700 patients, has two courts and a female college adjoining, where 20 girls are educated gratis. St. Andres accommodates 400 patients, and like the military has a guard of soldiers to preserve order. The hospital of incurables is divided into a male and female department, with adjoining walls and courts, and contains altogether 80 patients. They are principally blacks and mulattoes, afflicted with chronic local disorders, mostly ulcers from leprosy and chigres, and presenting a most squalid appearance. In the

other hospitals fevers and dysentery were two of the chief disorders. Among the former, intermittent is most common, as it is prevalent in the city, and has a fruitful source in the dampness of the houses, as well as in the heavy dews, if not in the exhalations of the neighboring country, borne over the city walls by the wind after it has swept across the bed of the Rimac and other low grounds between Lima and the Pacific. The two diseases above mentioned are probably the most common among the inhabitants, particularly the poorer classes who have unwholesome food, live mostly on fruits and vegetables, and occupy the dampest dwellings. The pitted faces of some, even of the fair sex, show that small pox is one of the diseases in the city, and the clumsy gait of some of the men makes known the existence of elephantiasis. Pulmonary affections mostly prevail when there is much humidity of the air. Catarrhs are very prevalent in winter when the city is both damp and dirty, and it is expressly prejudicial to asthmatics. Hence they become relieved by going into the country. Such, in fine, is the mortality of Lima from war and disease combined, that in spite of its many foreign and native physicians and its well filled drug stores, it is estimated that the whole number of deaths equals that of the population every seventeen years. This estimate is extravagant, but the continuance of the city in precisely the same bounds it has had for a century, the erection of scarcely a single building in the year, the limited emigration of the people, the emptiness of the vast convent of St. Francisco, which forms three hollow squares, and the dwellings generally not being over crowded, prove the mortality to be great, and the vaults of the churches, the cells and graves of the Campo Santo to be abundantly supplied. Nevertheless, by proper care a person can live as long in this city as in any other, and while he lives can enjoy good society, a plentiful table, and pleasant promenades. He can resort to the mercantile reading room, the public library of 30,000 volumes, and the museum adjoining, where above the cabinets of animals, birds, beasts, coins, and Indian curiosities, are seen the full length portraits of Generals Gomorra, Lamar, and Bolivar, with those of the forty-five viceroys of Peru, from Pizarro in 1530, down to Laserna, the last one, who was expelled by the patriots in 1824. The museum is open gratis every day, except on the Sabbath and during festivals, and every person has the privilege of using the library,

though no one is allowed to take the book away for private perusal.

Case of Idiopathic Tetanus. BY D. G. GREGORY, M. D.
of La Grange, Texas.

On Sunday, 15th Sept. 1850, I was called to see Miss Mary Kersens, aged 20, a native of Germany, who emigrated to Texas in the spring of 1850. Says she always enjoyed good health; commenced to menstruate at 13 years of age, and has menstruated regularly ever since. Finding herself here without friends or relatives, she went to live in the family of Mr. P. V. Shaw, of La Grange, Texas. She was taken sick about the first inst., (after a hard day's work, washing and scrubbing,) with a chill, followed by fever, accompanied by severe paroxysms of cramp. Several physicians of this place saw her, one of whom attended her for a number of days, and from some cause (unknown to me) abandoned the case. The above history I had from herself.

When I first saw her on the above day I found her presenting the following symptoms, viz.: soreness and tenderness on pressure of the whole spinal column, the least pressure upon the spinous processes producing the most exquisite pain; the most severe spasm, affecting the whole muscular system, and producing complete opisthotonos, trismus, and sometimes risus sardonicus; tongue slightly coated in the middle, clean at the edge; pulse and skin natural; paroxysms coming on suddenly, and of about thirty minute's duration; entire consciousness, and freedom from pain in the intervals. I commenced the treatment by applying a blister to the whole length of the vertebral column, gave quinine gr. v., morphia sulph. gr. ss. every two hours; enema of gruel and fourth proof brandy.

Monday, 16. Symptoms same as yesterday; treatment same, with the exception that I increased the quantity of quinine and morphine, and as the bowels had not been evacuated last night, ordered an enema of tartar emetic in solution, suspended in gruel, to be repeated in the afternoon. The blister having drawn well, a strong solution of sulphate of morphia was ordered to be applied to the blistered surface, and also to be repeated in the afternoon.

Tuesday, 17. Patient rather worse than yesterday. Slight

operation on the bowels, paroxysms longer in duration and more severe, lasting nearly an hour, with emprostotonos. Ordered Calomel, gr. x. S. Quiniæ gr. viii., Morphiæ Sulphat gr. ss., every two hours, and to be continued all day; enema at night of Ol. Ricini ʒi., suspended in gruel. At this time I sent for Dr. I. Evans, my partner, as consulting physician, who, with me, attended the case until dismissed, cured.

Wednesday, 18. Copious discharges from the bowels last night, slight degree of ptialism, paroxysms not so severe as yesterday, but longer in duration, (one lasting for the space of an hour and a half) the intervals between paroxysms longer also. Continued same treatment as yesterday.

Thursday, 19. Patient better to-day, considerable ptialism apparent, omitted Hydrargyri Sub. Mur., and continued Quinine and Morphia, with Prussiate Iron gr. ii. added to each dose.

Friday, 20. Patient improving, treatment as yesterday. Copious discharges of very offensive matter from the bowels, at intervals during the day and night.

Saturday, 21. Patient still improving, medicines discontinued, ptialism receding, patient sat up a little in bed.

Sunday, 22. Forenoon, patient a little worse, in consequence of having exposed herself to a draft of cool air in an open gallery yesterday; resumed Quinine and Morphia and gave it every three hours.

Six o'clock, P. M., was called in haste to see our patient; on arriving found her much worse than on any previous visit, the paroxysms being very severe, attended with the most excruciating pain, extorting from her the most lamentable shrieks of agony; the body and face distorted into every conceivable attitude, presenting, alternately, opisthotonos, emprostotonos, pleurothotonos, risus sardonicus, and trismus; her condition at this time was truly pitiable, and none who saw her supposed she could survive more than a few hours. Ordered Calomel gr. viii., Mor. sulph. gr. i., Quinine gr. viii., every two hours, to be continued all night.

Monday, 23. No perceptible amendment in the symptoms, ptialism again increasing, bowels evacuated last night; continued same treatment as yesterday; administered enema of Ol. Ricini ʒi., Ol. Turpentine ʒss., applied a large blister over the left side.

Tuesday, 24. More complete ptialism, patient completely narco-

tized. Oil and turpentine evacuated the bowels, symptoms more favorable, discontinued the Calomel; Quinine and Morphia as before.

Wednesday, 25. Patient a great deal better; cramp confined pretty much to the lower extremities; continue Quinine and Morphia every four hours.

Thursday, 26. Still improving very fast, no spasm to day; patient sat up nearly all day.

Friday, 27, to Sunday, 29. Patient still went on improving, until Sunday evening, when she had slight paroxysms, which were effectually relieved by the application of a blister on the side, a few doses of Quinine, and two doses of Seidlitz powders, during the night.

Monday, 30, to Oct. 15. Patient has still gone on improving, and expresses herself as well as ever she was.

Remarks.—I consider the above case one of idiopathic tetanus of miasmatic origin. The most remarkable feature in the symptoms, was the excruciating pain attending the paroxysms, and their always commencing in the left side; and that most remarkable in the treatment is the enormous quantity of calomel and quinine taken before ptyalism was induced, and the circumstance that whenever it was, the symptoms were alleviated.

La Grange, Texas, Oct. 15, 1850.

*Pennsylvania Hospital—Surgical Wards—Service of DR. NORRIS.
Cases discharged from Jan. 1st to Feb. 1st, 1850.*

Disease.	Cured.	Average time under treat- ment in days	By re- quest.	Average time in days under treatment.	Died.	Average time in days under treatment.	Tot.
Abscess - -	0	0	1	60	0	0	1
Amaurosis - -	0	0	1	86	0	0	1
Burns - -	2	49.5	0	0	0	0	2
Contusion - -	1	19	0	0	0	0	1
Fractures, 9							
simple 6, viz.:							
Clavicle - -	1	23	0	0	0	0	1
Humerus - -	1	53	0	0	0	0	1
Condyle of humerus	1	38	0	0	0	0	1
Radius - -	2	45.5	1	10	0	0	3
Leg - -	1	89	0	0	0	0	1
Compound, 3, viz.:							
Facial bones - -	1	28	0	0	0	0	1
Skull - -	1	124	0	0	0	0	1
Leg - -	1	79	0	0	0	0	1
Furunculus - -	0	0	1	2	0	0	1
Gonorrhœa - -	1	14	0	0	0	0	1
Hæmorrhoids - -	1	8	0	0	0	0	1
Hydrocele - -	0	0	1	1	0	0	1
Inflammat'n of leg	1	20	0	0	0	0	1
" ankle	1	41	0	0	0	0	1
Necrosis - -	0	0	1	48	0	0	1
Onychia - -	1	19	0	0	0	0	1
Ophthalmia - -	2*	31.5	0	0	0	0	2
Ruptured vein - -	1	25	0	0	0	0	1
Sub-luxation - -	1	54	0	0	0	0	1
Syphilis - -	6	35.3	1	61	1	82	8
Tumor - -	1	20	0	0	0	0	1
Ulcer - -	2	24.5	0	0	0	0	2
Wounds 6, viz.:							
Incised - -	3†	17	0	0	0	0	3
Punctured - -	2†	18	0	0		1	3
	35		7		2		44

* In one of these an abscess of the cornea also existed.

† One of these of the abdomen.

*Pennsylvania Hospital—Surgical Wards—Service of DR. NORRIS.
Cases Discharged from Feb. 1st to March 1st, 1850.*

Disease	Cured.	Average time under treat- ment in days	By re- quest.	Average time under treat- ment in days	Died.	Average time under treat- ment in days	Tot.
Abscess - -	1	72	0	0	0	0	1
Burns - -	1	33	0	0	3	4.7	4
Calculus - -	1*	81	0	0	0	0	1
Contusion - -	1	24	0	0	0	0	1
Erysipelas - -	1	24	0	0	0	0	1
Fractures, 13 simple 10, viz.:							
Humerus -	1	34	0	0	0	0	1
Condyle of humerus -	1	28	0	0	0	0	1
Radius -	4	43.5	0	0	0	0	4
Radius and ulna -	1	34	0	0	0	0	1
Femur -	2	71	0	0	0	0	2
Leg -	1	86	0	0	0	0	1
Compound 3, viz.:							
Skull -	1	22	0	0	0	0	1
Leg -	2	104.5	0	0	0	0	2
Gangrene -	1	130	0	0	0	0	1
Gonorrhœa -	2	42	1	13	0	0	3
Hæmorrhoids -	1	35	0	0	0	0	1
Hernia, strangulated	0	0	0	0	1	3	1
Hydrocele -	0	0	1	3	0	0	1
Inflammation of face	0	0	1	13	0	0	1
" hip	0	0	1	80	0	0	1
" leg	1	22	0	0	0	0	1
Luxation -	1†	3	0	0	0	0	1
Sub-luxation -	2	18.5	0	0	0	0	2
Paronychia -	1	10	0	0	0	0	1
Syphilis -	1	25	1	65	0	0	2
Tumor -	2‡	21.5	0	0	0	0	2
Wounds, 7, viz.:							
Gunshot -	1	89	0	0	1	0	1
Incised -	1	29	0	0	0	0	1
Lacerated -	3	16.7	0	0	0	0	3
Punctured -	2§	25.5	0	0	0	0	2
	37		5		4		46

*By lithotomy.

†Of humerus.

‡By extirpation.

§One of the thigh near to the femoral artery and complicated with delirium tremens.

*Pennsylvania Hospital—Surgical Wards—Service of DR. PEACE.
Cases discharged from March 1st to April 1st, 1850.*

Disease.	Cured.	Average time under treat- ment in days.	By re- quest.	Average time under treat- ment in days.	Died.	Average time under treat- ment in days.	Σ
Abscess - -	2	34	0		0	0	2
Burns - -	1	69	0		0	0	1
Carbuncle - -	1	79	0		0	0	1
Caries - -	0	0	2	19.5	0	0	2
Contusion, -	4	28.5	0	0	0	0	4
Corneal opacity	0		1	33	0	0	1
Exostosis, -	0		1	273	0	0	1
Fractures, 12							
simple 7, viz.:							
Clavicle -	0		1	17	0	0	1
Olecran. pr.	1	31	0	0	0	0	1
Radius - -	1	41	0	0	0	0	1
Metacarpus	1	34	0	0	0	0	1
Leg - -	3	53	0	0	0	0	3
Compound, 5, viz.:							
Fingers - -	1	50	0	0	0	0	1
Thigh - -	0	0	0	0	1*	6	1
Leg - -	2	103	0	0	1†	126	3
Gonorrhœa -	4	40.2	1	17	0	0	5
Hæmorrhoids	1	26	0	0	0	0	1
Hare lip - -	1	24	0	0	0	0	1
Iritis - -	1	21	0	0	0	0	1
Inflammation of foot	1	56	0	0	0	0	1
leg	1	24	0	0	0	0	1
Sub. luxation -	2	18.5	0	0	0	0	2
Syphilis - -	3	81.7	2	7	0	0	5
Tumor - -	1	39	0	0	0	0	1
Ulcer - -	1	35	1	102	0	0	2
Wounds 9, viz.:							
Gunshot, -	1	24	0	0	0	0	1
Incised - -	2‡	23.5	1	4	0	0	3
Lacerated, -	4	39.2	0	0	0	0	4
Punctured -	1	24	0	0	0	0	1
	41		10		2		53

* Died of Tetanus. The patient fell from the top of a four storied house whilst running backwards upon the roof.

† This was complicated with simple fracture of the thigh in a depraved constitution.

‡ One of the larynx.

|| Of the thorax.

*Pennsylvania Hospital—Surgical Wards—Service of DR. PEACE.
Cases discharged from April 1st to May 1st, 1850.*

Disease.	Cured.	Average time under treat- ment in days.	By re- quest.	Average time under treat- ment in days	Died.	Average time under treat- ment in days	Tot.
Abscess - -	1*	41	0	0	1†	15	2
Burns - -	3	41.3	1	1	0	0	4
Caries - -	1	212	0	0	0	0	1
Conjunctivitis (chr)	0	0	1	227	0	0	1
Contusion -	5	8	0	0	0	0	5
Corneal opacity	1	75	1	45	0	0	2
Fistula in perin.	1	320	0	0	0	0	1
recto-vag.	1	17	0	0	0	0	1
Fractures, 15 simple 12, viz.:							
Humerus -	1	39	0	0	0	0	1
Radius - -	1	32	0	0	0	0	1
Sternum, -	0	0	1	14	0	0	1
Rib, - -	2	27.5	0	0	0	0	2
Spine - -	0	0	0	0	1	1	1
Pelvis, - -	0	0	0	0	1	6	1
Leg - -	3	76.7	2	12	0	0	5
Compound 3, viz.:							
Nose - -	1	18	0	0	0	0	1
Hand, - -	0	0	0	0	1‡	67	1
Foot, - -	1	177	0	0	0	0	1
Frost-bite -	1	98	0	0	0	0	1
Gangrene -	1	85	0	0	0	0	1
Gonorrhœa -	1	24	0	0	0	0	1
Hydrocele -	0	0	1	3	0	0	1
Inflammation of arm	1	24	0	0	0	0	1
hip	0	0	1	136	0	0	1
knee	2	35	0	0	0	0	2
leg	1	107	0	0	0	0	1
Iritis - -	1	42	0	0	0	0	1
Luxation - -	1	26	1§	19	0	0	2
Lupus - -	0	0	1	2	0	0	1
Necrosis - -	1	335	0	0	0	0	1
Paronychia -	0	0	1	54	0	0	1
Syphilis - -	7	31.9	2	52.5	0	0	9
Ulcer - -	2	146.5	0	0	0	0	2
Wounds 12, viz.:							
Gunshot -	1	45	0	0	0	0	1
Incised - -	3	26.7	1	3	0	0	4
Lacerated -	3	56.7	0	0	1¶	9	4
Punctured -	3	38.7	0	0	0	0	3
	51		14		5		70

* This was Mammary.

† This was situated at the upper extremity of the sternum, involving the sterno-clavicular articulation on the right side, and eventually communicated with the anterior mediastinum, assuming a gangrenous condition before death.

‡ The inflammation which here arose in a man of depraved constitution, extended throughout the arm, and the patient died from the exhaustion consequent upon the profuse purulent discharge, he being at no time, after the very proper attempt to save the fingers, in a suitable condition for amputation.

¶ Of clavicle.

§ Of humerus.

¶ Of scalp.

W. H. GOBRECHT, M. D., Resident Surgeon.

BIBLIOGRAPHICAL NOTICES.

Transactions of the American Medical Association, instituted
1847. Vol. III. Philadelphia, 1850. pp. 499.

The third volume of "Transactions of the American Medical Association," although less voluminous than its predecessor of the last year, is in no way inferior to it in the interest and character of its contents.

The meeting of 1850 was indeed in some respects, more encouraging and more fruitful in its results than either of the preceding ones. The number of delegates appointed by the different medical Societies, amounted to between six and seven hundred, from twenty-seven States of the Union, and although the larger number of these were not present, yet the fact of their appointment, shows the deep and wide spread interest which this new movement has inspired throughout the medical profession of the United States. It is believed that no body of physicians of equal number and respectability, has ever been assembled at one time, in any part of the world, and although its proceedings may as yet be inferior in point of scientific importance to the doings of many smaller bodies in other countries, yet the power and influence which it is destined to exert upon medical science in America, if held together by the ties of fraternal feeling, and managed with discretion and wisdom, can scarcely be estimated.

Based upon the representative system, and throwing open its portals to all the regularly educated members of the profession, in good standing with their brethren at home, without distinction of talent, wealth or position, the Association may be regarded as a great democratic medical assembly, in which all the members stand upon the same platform, and act in the true republican spirit.

Here the Professor, whose teachings and writings have rendered him eminent at home and abroad, and whose position gives him a deserved influence over the minds, both of his pupils and his contemporaries, places himself on the same level with the more obscure and humble private physician, whose name and whose medical skill may not be known beyond his immediate circle.

It is true that one element exists in the organization of the Association not strictly republican, viz., that which confers upon medical colleges the right of appointing delegates, irrespective of the medical societies of states and counties. The disturbing influence of this arrangement, has already been the cause of conflict between opposing interests, which has tended in some degree to mar the harmonious action of the Association, and has even induced a fear in some minds that a radical change will have to be made in this respect, before its full benefits can be realized. This, however, is a question upon which there is a variety of views, which it would be premature to discuss at this time.

The volume of Transactions before us, is as usual, chiefly occupied with the reports of the standing committees of the Association upon the several subjects committed to them. These reports with some exceptions, appear to us highly creditable to the talents and industry of the committees who framed them. In one respect, several of them are superior to the reports upon the same subjects in former years, inasmuch as they are strictly American, and contain altogether the original observations of our own men. While this curtails their length, it imparts to them freshness and originality, and brings them within the design contemplated by the Association. Such reports must tend to elevate our national character, and if continued in the same spirit, and improved from year to year, by the additional materials which American Physicians are continually furnishing, we shall soon evince to the world, that there are laborers in the field of Science here, who, as original thinkers, discoverers, and men of genius, have not their superiors in the older nations of Europe.

The first Report on Medical Sciences covering about 50 pages of the Transactions, and embracing a review of the several departments of Anatomy, Physiology, General Pathology, and Therapeutics, with other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, is particularly rich and interesting. It would be impossible in our narrow limits to do more than glance at its general features, without specifying particular points.

An article on the arrangement of the cancelli in human bones, exhibits a novel and ingenious view of the mechanical uses of the interior structure of bone, which manifests in a striking manner,

that admirable adaptation of means to ends, which prevails throughout all the works of nature. Dr. Wyman, the author, a distinguished Anatomist of Boston, deserves great credit for his curious investigations into this subject,

Under the same head are detailed the results of Dr. Morton's investigations, into the "capacity of crania in different races of man," a new and interesting subject, which is just beginning to attract attention. Dr. John Neill, and Dr. Joseph Leidy, both of Philadelphia, and amongst the most acute and industrious laborers in the field of Anatomy and Physiology, have also added their portion to this department in several interesting communications. The article on "Parasitic Life" by the latter gentleman, is particularly valuable, as well as the observations on the parasites which infest the human teeth, by Dr. H. J. Bowditch, of Boston. The fact that the number of parasites which are found on the teeth, is in proportion to the degree of cleanliness observed; and that the various detergent tooth washes do not impair their vitality, while soap destroys them instantly, if it should be confirmed by future observations, would possess great practical value.

The department of Pathology in the report, treats of the propagation of epidemic and contagious diseases, in which the views recently propounded on this subject by Drs. J. K. Mitchell, J. Knight, and S. H. Dickson, are briefly detailed. The progress of cholera is traced, and the interesting report of the post-mortem appearances in this disease, presented to the College of Physicians of Philadelphia, by a committee appointed to investigate the subject, is briefly sketched.

Dr. Austin Flint's observations on Serous Effusion, within the arachnoid cavity, receive a due share of attention, and are well worthy of examination, as are the facts on Etherization in Insanity communicated by Dr. Luther V. Bell and Dr. Ray.

A curious case of spontaneous Hydrophobia, reported to the Philadelphia College of Physicians by Dr. Condie, finds a place in this connection, as amongst the medical curiosities of the year. Some interesting observations made in the same body by Drs. Condie and Riofrey, on the causes of Pulmonary Consumption, are worthy of note—as also the abstract of an instructive paper on Intestinal Auscultation, by Dr. C. Hooker of Yale College.

This department of the report closes with a section on the formation and composition of Urinary Calculi, in which is recorded the results of analysis of the calculi in the large collection of Transylvania University by Professor Peter, as originally published in the *Western Lancet*—and also of the collection in the Museum of the Boston Society for Medical Improvement. The connection of different urinary deposits with the geological character of the earth, is appropriately urged by the committee as an inquiry well worthy of the investigation of physicians in the different parts of our country.

Dr. G. Emerson of Philadelphia, a member of the committee, has communicated a valuable section on "Vital Statistics," pointing out some of the causes of mortality in children of the two sexes. It appears from his inquiries that the preponderance of male over female births, which is known to exist, is soon lost by reason of the greater mortality of males, "so that the numbers of the two sexes living at the age of ten years, are very nearly equal, and at the fifteenth year, the living females outnumber the males, about as much as the males did the females at birth." Dr. E. supposes that the excess of mortality amongst male children, arises from the greater prevalence amongst them of the inflammatory affections of the organs of respiration, circulation and nutrition, but more especially inflammation of the brain and its appendages,—while "the principal diseases of which females die, are whooping cough, small pox, scarlet fever, measles, thrush and consumption." The diseases of the males being allied to the sthenic, and of the females to the asthenic class.

Dr. E. also presents some very curious enquiries upon the "Influences operating to change the number of births, and also the proportion of the sexes at birth." The seasons, the quantity and quality of the food, purity of the air, over-working, and whatever tends to exalt or impair the vital energies of the people, are enumerated as so many agencies which influence these results. During fatal epidemics which alarm the public mind, Dr. E. believes that the conceptions of female children will preponderate over the males, and he adduces the births in Philadelphia and Paris, which occurred nine months after the prevalence of cholera in those cities, as an illustration of his views. The close attention which Dr. Emerson has given to the subject of vital statistics, impart

great interest to these observations. Under the head of Toxicology and Miscellaneous matters, we find a brief section on the "mode of actions of poisons" by Professor James Blake, of the St. Louis University, intended to prove that the most rapidly fatal poisons act only by being absorbed into the blood—a doctrine which this gentleman endeavored to sustain by a series of experiments, an account of which was published some years ago, and which has since been controverted by Christison and Taylor, in the *Edinburgh Medical and Surgical Journal*. Dr. Blake has followed up the subject by more recent experiments, which have tended to confirm his original views.

The comparative effects of anæsthetics receive some attention in this department, as well as the effect of these agents on what are called sensitive plants.

A short abstract of a paper of Professor Horsford presented at the meeting of the American Association for the advancement of science, on "moisture, ammonia, and organic matter in the atmosphere," is well worthy of study, and may tend to throw some light upon the causes of epidemics and other diseases, believed to depend upon certain states of the atmosphere.

The existence of ozone in the air, and its supposed connection with cholera, are succinctly discussed by the committee, and the conclusion that "the ozone theory of cholera, on the whole, is not sustained" appears to be adopted by them.

The report closes with some eloquent remarks on the future prospects of American Medicine, and upon the vast benefits which the Association is destined to confer upon its rising fame.

The report on Practical Medicine and Epidemics from the pen of Dr. J. K. Mitchell, is chiefly occupied with an admirable history of the introduction of cholera into the United States in the year 1849, with the statistics of the various cholera hospitals in Philadelphia, the proportional mortality in the hospitals of Philadelphia, New York and Boston, the different plans of treating cholera and their results so far as statistics furnish them, the effects of certain articles in relieving certain symptoms of cholera, with a lucid exposition of the arguments in favor of the portability, and against the contagiousness of the disease.

The report is accompanied by two charts, one exhibiting the relative position on the ocean of the packet-ship New York, and

the ship Swanton, when the cholera broke out upon them, on their way, the one to New York, the other to New Orleans; the other shows the date and place of occurrence of the first twenty-three cases of cholera reported to the Board of Health of Philadelphia, marked out on an outline map of the city and districts.

Some interesting facts illustrative of "the effect of special conditions upon the power of the progression of cholera," are also recorded, together with numerous examples of its non-extension from infected points and localities.

Our space will not permit more than a passing notice of this interesting paper, but we cannot refrain from a remark or two upon the question of the portability and non-contagiousness of cholera as presented by Dr. Mitchell.

While it is, we think, clearly shown by the facts collected with great care by the committee that cholera was introduced at the New York Quarantine Station, and at New Orleans, by the ships New York and Swanton, and that these vessels became infected with the disease while on the ocean 1000 miles apart, within a day of each other, we are still in the dark as to the means whereby it was introduced into Philadelphia and other infected cities, several months after its appearance at the localities stated.

It first occurred in Philadelphia on the 30th of May, at two opposite points of the city three and a quarter miles apart, and then appeared in different sections; for the first seventeen days no two cases occurring within a square of each other. If the disease is portable, how was it brought to Philadelphia, and why did it pursue so tortuous a course?

No evidence is furnished upon these points, except that the eleventh case which occurred on the 12th day of the epidemic visitation, had recently visited the infected city of New York.

Dr. Mitchell concludes from the facts stated, that the disease was not propagated by contagion, but that "the atmosphere of the whole city had become slightly epidemical, not being sufficiently poisonous to produce its specific effects unless aided by personal imprudence or a deleterious locality." It would seem therefore from this statement, that in the opinion of Dr. Mitchell, though cholera is portable, yet it may become epidemic without being first carried to the place where it spreads, or, in other words, that it is both portable and epidemic, but not contagious.

Now we cannot see the utility of introducing the portable theory into this discussion, in contra-distinction to the theory of contagion.

It appears to us just as easy to explain the introduction of cholera into the hospitals on Staten Island, and at New Orleans, from the two vessels arriving with cases on board, by the old idea of contagion, as by the doctrine of portability. The first cases on the landing of both of these vessels could be traced to them. One case was taken directly from the ship Swanton to the Charity Hospital at New Orleans, just as the vessel arrived; the ship New York had cases on board on her arrival at Quarantine, and the first case which appeared on shore, was in a person who had been on the ship forty-eight hours before. It must be remembered also, that the disease was confined in this latter locality to a small space, that a rigid quarantine was established between the Island and New York city, and that not a single case occurred in the city during its prevalence on the island.

We cannot see, therefore, that the introduction of the word *portable*, has any tendency to clear up the obscurity in which this subject is involved, and we are disposed to believe in the absence of farther proof, that cholera, like typhus fever, scarlet fever, and other kindred affections, is both epidemic and contagious, being greatly influenced in its progress, by those special conditions, which are known to favor the attacks of malignant disease. This view is at least as satisfactory to our mind, as that which excludes the idea of contagion, and embraces that of portability.

The committee make some brief remarks upon the occurrence of yellow fever within the past year at Charleston and Rio Janeiro. Its appearance in the latter place, being unprecedented, induced the committee to seek the aid of the Naval Bureau, in investigating this singular fact; and they have been assured of the hearty co-operation of the medical officers of the Navy in presenting the enquiry.

Scarlatina, variola, and typhoid fever, are said to have been unusually prevalent in different parts of the United States within the past year.

In tracing out the latter disease, the committee complain of the usual difficulty of deciding from the descriptions given by physi-

cians "whether the typhoid of Louis, or a typhus state of some of the malarious fevers of the country is to be understood." With a view of rendering information more accurate upon this and other topics, they propose a distribution of subjects to special committees, to report from year to year. The committee remark, "one advantage of the distribution of subjects to special committees, would be the issue by each of an interrogative formulary, so that societies and individuals, might know how to give, the information upon which such reports could be founded. The knowledge now concealed in modest retreats, must thus be concentrated in the Association, to be, by its authority, diffused over the world."

This suggestion appears to us well worthy of the consideration of members of the Association, and will, we trust, demand special attention at an early date.

As appendices to the report, are subjoined two interesting papers one by Dr. Pancoast of Philadelphia, on the treatment of Aponia, and the other by Dr. Reynolds of Gloucester, Massachusetts, on Epidemic Fever and Dysentery, but our limits will not permit a tice of their contents.

(To be continued.)

The Races of Men.—A Fragment. By ROBERT KNOX, M. D.,
Lecturer on Anatomy, and Corresponding Member of the
National Academy of Medicine of France. 8vo. pp. 323.
American edition. Philadelphia, 1850.

The author of this unique production may be known to many of our readers, if for no other effort, for his translation of the Human Anatomy of H. Cloquet. He has, however, made some little noise in the world as a lecturer on the subjects embraced in the volume before us; and by the promulgation of opinions on those subjects, which are certainly sufficiently wild and startling, and on which he appears to pride himself not a little. In speaking of his dogma; that "human character, individual and national, is traceable solely to the nature of that race to which the individual or nation belongs," he characterizes it, very properly we think, as a statement which must meet with the severest opposition. "It runs counter to nearly all the chronicles of events, called histories,"—a sorry recommendation to favor we should say,—"it shocks the theories of

statesmen, theologians, philanthropists of all shades; nevertheless, it is simply a fact, the most remarkable, the most comprehensive, which philosophy has announced. Race is everything: literature, science, art, in a word, civilization, depend on it."

Such is a specimen of the author's manner, and it is no exaggeration to say, that the whole work abounds with similar categorical affirmations,—at times plausible; at others revolting; occasionally supported on an admitted basis; at others altogether aerial; and not unfrequently in contrast with all fact, observation, and even common sense; strung together, too, in the most confused and discordant manner, and presenting

"A fine specimen, on the whole,
Of what the learned call rignmarole."

It is difficult, indeed, to classify such a production. The author himself denominates it "a fragment." Its fragmentary character cannot be questioned, if the word be used to signify "an imperfect part;" but were we to assign it a place, we should say it belongs rather to another class of productions, and is more deserving of the title "*The Races of Men—a rhapsody*;" not in the ancient and favorable sense of the word as applicable to Homeric periods; but in its more modern acceptation, "a confused jumble of sentences or statements, without dependance or natural connection, a rambling composition." But even in this point of view the work might have possessed a claim to respectability, were it not grossly disfigured with general and special references to persons and things, couched in language often—it is true—forcible, but not unfrequently of the most offensive character. What apology, for example, can be offered for the following scurrilous allusion to one of the most gifted writers of this country.

"Buffon concluded that animal life was not so vigorous on the American soil as in the old world, comparing one animal with another; this simple fact, for it is one, roused the wrath of an Anglo-Saxon, now settled in that country, but calling himself an American; I mean Mr. Cooper, the novelist. True to his Saxon race, he has determined to make out, in the face of all common sense and truth—despising the one by his trade or calling, and being seemingly without the other—that the American soil nourished as big animals as ever were grown in old France or England, or the whole world; that the buffalo was as large as our oxen, and the turkey larger than the barn-door fowl; what a pity he had not also added, that geese and asses of all kinds abound, and are at least, as large as pedantic, and as stupidly solemn as

any the Britishers could ever boast of. This is the Mr. Cooper who compared, through ten drawlishly-spun pages, the Rhine with the immortal Hudson—the everlasting Hudson—that large river which runs near the ancient city of New York, so rich in the association of great names and stirring events. What solemn pedantry, what deplorable want taste and sense, to forget the passage of the Rhine by Cæsar and Napoleon! These are the names which give immortality to the Rhine, not the amount of water it contains, nor its length nor breadth; it is not the size of the Nile which makes it live in the recollection of nations. Do you not see in this miserable comparison of Mr. Cooper the egotism of the Saxon, peep out in all its true colors? Our rivers are bigger than yours—prettier, deeper; our horses are faster than yours—fatter and better; our oxen are larger than yours—sleeker and finer. You will excuse, I trust, these critical remarks; folly and egotism require severe censure, whether individual or national—in fact, these terms are identical, nations merely being aggregates of individuals.”—p. 167.

The *modesty* of the author is characteristically exhibited throughout the work. “Materials,” he says, “for a systematic history of the races of men are wholly wanting; the great problem of human nature has scarcely been touched on in any previous history of race.” And again:—“Physiologists will dispute with me the great law I have endeavored to substitute for the effete common place of the schools; the geologists will think me hasty in declaring the era of Cuvier at an end; the theologian—but here I stop; a reply shall not be wanting. As to hack compilers, their course is simple: they will first deny the doctrine to be true; when this becomes clearly untenable, they will deny that it is new, and they will finish by engrossing the whole in their next compilations, omitting carefully the name of the author.”

There are two or three points in this last quotation that demand comment. The most ardent stickler for originality, will not deny the claims of the author to it, both on the score of bold assertion, and novelty of expression; but whilst we admit this, there are few, we think, who can or will accord with him. The world are apt to ascribe great merit to the propounder of original views, no matter how extravagant and ephemeral they may be; whilst the sober, steady pursuer of science, who day by day unostentatiously developes the laws of phenomena, may receive but a feeble tribute of praise; yet the one may be—as in the present case—a visionary enthusiast—an *original*—whilst the other has all the endowments of the real philosopher. The Author need not, we

feel satisfied, be alarmed at his views being wholly "engrossed" in any compilation; and if his name be carefully omitted by writers on the subject, it will only be because his speculations have themselves not been deemed worthy of notice.

But let us see how he deals with others, and how, he himself disposes of facts that do not square with his ideas.

"I have always, he remarks, doubted the fact of cannibalism having ever existed. A patient inquiry into the history of the American race satisfied me that the cannibalism of the New world was the pure invention of the Catholic missionaries: the cannibalism of the East may, I think, be traced to a similar source. I never met with any one who had been present at such a banquet. In Africa no such practice exists. The whole affair, I think, a romance, but it has served its purpose with those who think that the end vindicates the means."—p. 316.

Yet it is no romance. A scientific friend attached to the United States exploring expedition, assured us, that he has seen the Feejeeman gnawing a human bone; and the authentic records, of that expedition are fatal to all of Dr. Knox's conclusions on the subject.

The fragmentary character of his speculations on the races of men may in part be appreciated by the following extract.

"The races of men as they now exist on the globe constitute a fact which cannot be overlooked. They differ from each other widely—most widely:—but that such differences exist, and important ones too, has not been denied; the word, *race*, is of daily use, applied even to man; since the war of race commenced in continental Europe and in Ireland, no expression is of more frequent occurrence than the term *race*. It is not, then a new phrase I use, but I use it in a new sense; for whilst the statesman, the historian, the theologian, the universalist, and the mere scholar, either attached no special meaning to the term, for reasons best known to themselves; or refused to follow out the principle to its consequences; or ascribed the moral difference in the races of men to fanciful causes, such as education, religion, climate, &c.,—and their physical distinctions sometimes to the same hap-hazard influences—sometimes to climate alone—sometimes to climate aided by a mysterious law—such as that imagined by Prichard, that the fair individuals of any family separating themselves from the darker branches would with each successive generation become fairer, and the darker become darker, forgetting that this theory was refuted by the very first fact from which he starts, and which actually forms the basis of his whole theory—namely, that individuals having a specific tendency towards different races are constantly being born in every family;—or, lastly, ascribing to mere chance and hap-hazard, as in the story of the short-legged American sheep, the production of the permanent varieties of man:—I, in opposition to these views, am prepared to assert that race

is everything in human history; that the races of men are not the result of accident; that they are not convertible into each other by any contrivance whatever. The eternal laws of nature must prevail over protocols and dynasties: fraud,—that is, the law; and brute force—that is, the bayonet, may effect much; have effected much; but they cannot alter nature.”—p. 13.

And again:

“What is race, and what is species? These terms are easier understood than defined. That the idea of distinct species and of race is fast passing away from the human mind, may or may not be true; the old doctrine has been deeply shaken; still species and race exist for us; for man at least; in space, though not in time. In time there is probably no such thing as species: no absolutely new creations ever took place; but, as viewed by the limited mind of man, the question takes another aspect. As regards his individual existence, time is a short span; a few centuries or a few thousand years, more or less: this is all he can grasp. Now, for that period at least, organic forms seem not to have changed. So far back as history goes, the species of animals as we call them have not changed; the races of men have been absolutely the same. They were distinct then for that period as at present. Are they commutable into each other? Are these causes in constant operation, slowly yet surely altering and changing everything? Or does this happen by sudden cataclásms or geological epochs? Of one thing we are certain, entire races of animals have disappeared from the surface of the globe; other seemingly new creations occupy their place. But is it really a new creation? This question we shall also discuss.

Look more narrowly into the races of men, and you will find them to be subject to diseases peculiar to each; that the very essence of their language is distinct; their civilization also, if they have any. Trace the matter further, and you will find that transcendental anatomy can alone explain these mysterious circumstances: how all embryos should resemble each other; how they should resemble the primitive forms of life when the world was yet young; how deviations in form or varieties, not intended to be permanent, should repeat primitive forms, as proved by fossil remains; or present human or bestial forms; or take unknown shapes, referring, no doubt, to the future: lastly, and that is the most difficult question, how specializations should ever appear at all, and be, for a time at least, permanent. Two questions remain, beyond, I fear, human enquiry:—1st. The origin of life on the globe; 2d. The secondary laws, for they must be so, and can be nothing else, which create out of primitive forms, the past, the present, and the future organic worlds, clothing them with beauteous scenery. Endless, but defined variety of forms, adorn the earth, the air, the waters; the scheme of creation, in fact, so far as man’s feeble reason can judge; not the object of creation; not the object of man’s creation, which, though wonderful, is not more so than that of any other form; not then the object of man’s creation as an intellectual being; this has

been revealed to us by divine minds. But I must view this last question also as an anatomist and physiologist, confining my remarks to man merely as a material being; the most perfect, no doubt, that exists. In woman's form I see the perfection of Nature's works; the absolutely perfect; the beautiful, the highest manifestation of abstract life, clothed in a physical form, adapted to the corresponding minds of her race and species."—p. 34.

In regard to the origin of man, we have the following vague apostrophe:—

"The origin of man is a myth, which each race interprets in its own way, formulates after the fashion of its own intellectual bearing; reaches as it makes progress, in arts, literature, and science; that is, in civilization.

I mean not here to discuss these myths. The Jewish myth seems to have been a purely material one; philosophic, and sublimely simple, it offers no details. The Coptic and Hindoo was spiritual and lofty, but debased by shocking obscenities; the minds of the races were not equal to the perception of the perfect and the beautiful. The Scandinavian myth was coarse and brutal; material in its essence: the hideous representations of the Deity in India, China, Mongolia, and Polynesia, indicate the sad character of the minds of these races.

The precise geological period when man appeared on the earth, has not been determined; nor what race appeared first; nor under what form. But it is evident that man has survived several geological eras. On these points all is at present conjecture; but as man merely forms a portion of the material world, he must of necessity be subject to all the physiological and physical laws affecting life on the globe. His pretensions to place himself above nature's laws, assume a variety of shapes: sometimes he affects mystery; at other times he is grandly mechanical. Now, all is to be done through the workshop, in a little while, the ultimatum (what is the ultimatum aimed at?) is to be gained through religion: and thus man frets his hour upon the stage of life, fancying himself something whilst he is absolutely nothing. For him worlds were made millions of years ago, and yet according to his own account he appeared, as it were, but yesterday. Let us leave human chronology to the chronicler of events; it turned the brain of Newton."—p. 323.

His speculations in regard to the various races of man, are singularly fantastic; but we have no space, even had we the inclination to follow him. It may be sufficient to cite his—what he admits to be—"brief and hasty and imperfect sketch of the dark races."

"No one seems much to care for them. Their ultimate expulsion from all lands which the fair races can colonize seems almost certain. Within the tropic, climate comes to the rescue of those whom Nature made, and whom the white man strives to destroy; each race of white

men after their own fashion : the Celt, by the sword ; the Saxon, by conventions, treaties, parchment, law. The result is ever the same—the robbing the colored races of their lands and liberty. Thirty years ago a military *rhazia*, composed of English soldiers, Dutch boors, and native Hottentots, devastated the beautiful territory of the Amakoso Kaffirs. We reached the banks of the Kei, and the country of the noble Hinsa, where wandered the ‘wilde’ of Nature’s creation. All must disappear shortly before the rude civilization of the Saxon boor—antelope and hippopotamus, giraffe and Kaffir.”—p. 210.

And he elsewhere adds :

“If there be a dark race destined to contend with the fair races of men for a portion of the earth, given to man as an inheritance, it is the Negro. The tropical regions of the earth seem peculiarly to belong to him ; his energy is considerable : aided by a tropical sun, he repels the white invader. From St. Domingo he drove out the Celt ; from Jamaica he will expel the Saxon ; and the expulsion of the Lusitanian from Brazil, by the Negro, is merely an affair of time.”—p. 306.

Should the “fragment” ever be followed by another chip of the same block, we trust that the author will endeavor to be guided by more system in his mode of expounding his views. He appears, indeed, to have been impressed with the imperfect order in which the “lectures” before us have been arranged. “The greatest difficulty,” he says, “I have experienced in the drawing up of these lectures, whether as lectures delivered to public audiences, or written as they now are for publication, has been to decide on the arrangement best calculated to submit my views briefly, yet intelligibly, to the public. After various trials I have decided on the following : it may not be the best ; it is not systematic ; it is not methodical ; but it seems to me adapted to a very numerous class of readers, who, though highly educated, are yet not scientific. To place the great physiological principles regulating human and other living beings before them in an intelligible form, has been of course my main difficulty ;” (p. 25) And again, “In presenting the first complete edition of my Lectures on the Races of Men to public criticism, I have weighed most anxiously the form of publication, and the order or method to be followed in arranging the lectures. It has, indeed, been my great difficulty.”

Of the causes, nature and treatment of Palsy and Apoplexy: of the forms, seats, complications and morbid relations of paralytic and apoplectic diseases. By JAMES COPLAND, M. D. F. R. S., &c., &c. Philadelphia, Lea & Blanchard, 1850.

Dr. Copland, the author of the above work, is so favorably known to the medical profession of this country, as an industrious and able writer, that it is scarcely necessary to say a word in commendation of any work he may deem appropriate for publication. Few men have written more, and none better than he has, on various medical subjects. The publication of his Medical Dictionary, was of itself, a herculean undertaking, requiring an immense amount of industry and information, and he has performed his task with so much ability, and with so little dogmatical prejudice, that every one will freely accord to him the highest distinction, not only as a medical writer, but as a physician of vast experience and sound judgment.

"A considerable part of the above work was published many years ago in the first and third volumes of the Author's Dictionary of Practical Medicine, and several of the chapters on the connection of Paralytic and Apoplectic seizures, with other disorders, formed the Croonian Lectures for 1846 and 1847, at the Royal College of Physicians." The close connection between apoplexy and paralysis, as cause and effect, constituted a good reason for the publication of these several articles, in a connected form. The two diseases should be studied together, or the young practitioner will hardly be able to appreciate their true pathology and treatment. In the language of Dr. Copland, it is necessary to describe "not merely the primary and uncomplicated forms of disease, but also the several associated or complicated states, in which each malady most frequently comes under the observation of the physician, and he was not the less convinced of the propriety of recognising alliances and connections between diseases, too often described as distinct species, extreme features of difference being chiefly or only insisted upon and intimate relations generally disregarded."

In the arrangement of the work, Dr. Copland considers first, the simple and primary varieties of palsy; next the uncomplicated forms of apoplexy; third, the complicated states of apoplexy

and paralysis; fourth, the causes and pathology of these diseases; lastly, the treatment of the different varieties &c. Each one of these points is discussed with such practical precision, that no one can peruse the work without acquiring the most accurate information in regard to the symptoms, causes, pathology and treatment of these two diseases.

Without entering into a detailed analysis of the several sections of which the above work is composed, we commend it to the medical public as one of the most valuable works on Apoplexy and Paralysis with which we are acquainted.

Household Surgery, or Hints on Emergencies. By JOHN F. SOUTH, one of the Surgeons to St. Thomas's Hospital. *First American, from Second London edition.* Philadelphia: Henry Carey Baird, successor to E. L. Carey, 1850.

This is a reprint of an exceedingly popular English work, which has rapidly exhausted a large edition in its native land. Although very doubtful of the good influence of works on popular medicine and surgery, from the fact that "a little learning is a dangerous thing," we nevertheless believe that the teachings of this book, if followed with the restrictions laid upon the reader by the author, will be found of great assistance to those for whom it was more especially intended, viz., missionaries, captains of vessels, and settlers in colonies where no physician can be had. It is written in a sprightly, and at the same time, intelligible style, and is embellished with many excellent wood cuts, which tell their own story more plainly than words.

Renal Affections: their Diagnosis and Pathology. By CHARLES FRICK, M. D. Philadelphia, Lea & Blanchard, 1850.

Dr. Frick here presents to the investigator of pathologic urine a little manual, admirably adapted to smooth away many difficulties which beset the student of this department. The work is progressive in its arrangement, leading the reader by degrees from a superficial examination to a more exact and rigid analysis of this

secretion, which, in its various conditions, is now engaging so largely, the attention of pathologists and organic chemists. The work contains a large amount of original observations, and is illustrated with numerous wood cuts, which in the majority of instances have been copied by the author from the field of the microscope. We commend it heartily to the student of urinology.

Elementary Chemistry, Theoretical and Practical. By GEO. FOWNES, F. R. S., &c. *Edited with Additions, by* ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, &c. *Third American, from a late London edition, with numerous wood engravings.* Philadelphia, Lea & Blanchard, 1850.

A new edition of the above work, needs no commendation at our hands. It has already taken an elevated stand amongst the text books on this subject. Owing to the death of the author in Jan. 1849, almost the last hours of whose life were expended upon it, the English press was corrected by Dr. H. Bence Jones, while the American edition has been fully brought up to the day by the labors of the Editor, Dr. Bridges, who has added whatever of novelty has since appeared,

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1850.

WESTERN JOURNAL OF MEDICINE AND SURGERY.

We have received and read the reply of Dr. T. S. Bell, to "Friendly Hints to a Reviewer." As both sides have now been heard, and have pretty well exhausted the subject, and as we do not conceive that any good can flow from its further discussion, we have preferred to put an end to the matter so far as our pages are concerned.

LECTURES ON DISEASES OF THE EYE.

By reference to our advertising page, it will be seen that a course of lectures on the Anatomy, Physiology, and Diseases of the Eye will be given by Drs. Parrish and Neill, two of the surgeons of the Wills' Hospital for diseases of the eyes and limbs.

The institution in which it is proposed to deliver the above named lectures, is easy of access, contains about forty beds, and has a large dispensary attached to it, in which every variety of disease may be studied. The instruction will be of a thoroughly practical character, members of the class, which is limited to twenty-five, seeing for themselves the various operations and modes of treatment as well as their results, a mode of instruction which cannot be conveyed either by pictures or models, or in the amphitheatre.

We cannot too strongly recommend this matter to those of our readers who may be desirous of studying this too much neglected department. The gentlemen who have undertaken it are eminently qualified for the duty, and from the limited size of the class can have no other motive than that of advancing the interests of their pupils.

SYDENHAM SOCIETY OF LONDON.

We are informed that this valuable Society is about to place soon, in the hands of its members, another volume of the excellent work of Rokitsansky on Pathological Anatomy.

MEDICAL DEPARTMENT OF THE NAVY.

A board of surgeons for the examination of assistant surgeons for promotion, and of candidates for admission, will assemble at the Naval Asylum in Philadelphia, on the 16th inst. The following surgeons constitute the board. President, Dr. Dillard. Drs. Horner, Mosely, McLanaghan, and Hunter, members.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY AND PRACTICE OF MEDICINE.

On the Treatment of Croup by Calomel and Alum. By M. MIGUEL.
—In a letter addressed to the Medical Society of Indre-et-Loire, M. Miguel of Torres, has given some important details of the result of the method of treatment which he employs in diphtheritis.

He relates that, about twelve years ago, a little girl, seven years old, having been simultaneously seized with angina and croup, he proposed to perform the operation of tracheotomy, which was objected to by the parents. Being thus deprived of the last resource of art, he alternately administered to the child, every hour, two grains of calomel and three grains of alum. This treatment was continued a week, and produced no purgation nor salivation. Since this case, M. Miguel has treated twenty-six cases of croup, only three or four of which were doubtful; and only five cases have been fatal. He attributes the efficacy of his method to the mercury; but as it is liable to produce salivation and other disastrous consequences, these must be prevented; and M. Miguel thinks he has attained this object by combining alum with calomel. He thinks that when the calomel and alum are alternated, the latter serves to circumscribe the mercurial action, which should also be well watched, so that the administration of calomel may be suspended on the least appearance of mercurial toxication.

Remarks.—The treatment of M. Miguel is founded on the property which is attributed to mercury, of diminishing the plasticity of the blood, and opposing the formation of false membranes. The important point is, that this treatment has proved successful in a certain number of cases. It should be known also that such treatment will not supercede the necessity of emetics and of energetic cauterization, when the disease has commenced in the pharynx. In such cases mercury alone is useless; it may be prescribed, but the local treatment is that which must be chiefly depended on, to arrest the progress of the disease. Of this we saw a remarkable instance some time ago in the practice of M. Trousseau.

In this case, the diphtheritis had commenced on the tonsils, and had extended towards the larynx. On the first day of its appearance, an emetic of sulphate of copper was administered, and the back of the throat was well cauterized with fuming hydrochloric acid. This cauterization was repeated once on the next day, twice on the day following, and once on the subsequent day. At the same time the patient took, in small quantities every quarter or half hour, a mixture of ten grammes of alum with the same quantity of honey. This is preferable to alum in powder, because the medicine comes into permanent contact with the throat and arytenoepiglottic cartilages.

In prescribing alum, M. Trousseau used it as an auxilliary to cauteri-

zation, not as a corrective to mercury, which he did not give during the whole progress of the case. From the third day there was a steady improvement; and on the sixth, the cough had lost its croupy character. The voice continued rather weak, which showed the existence of false membranes on some points. Cauterization was continued once a day, for two days, together with the alum and honey: and the child recovered. This method of treatment is considered, by M. Trousseau, to be the most certain which can be employed in cases of croup.—*Dub. Med. Press., from Journal de Méd.*

On the use of Bofareira ("Ricinus Communis" of Botanists) as a means adopted by the natives of the Cape De Verd Islands to excite Lactation. By J. O. M'WILLIAM, M. D., F. R. S., R. N., Surgeon to the Honourable the Board of Customs.

While engaged in an official investigation into the nature and history of a yellow fever epidemic, prevailing in the Island of Boa Vista, in the Cape de Verds, during the year 1846, my attention was called to a remedy commonly had recourse to there, and in the other islands of the group, to accelerate and increase the flow of milk from the breasts of child-bearing women, in cases where that secretion was tardy in appearing, or deficient in quantity when it did appear.

I also learnt that on occasions of emergency, this remedy could be successfully applied to a still more important use, namely, to produce milk in the breasts of women who are not childbearing, or who even have not given birth to, or suckled, a child for many years.

The leaves of a plant, called in the language of the country, Bofareira, but which, in reality, is the "*Ricinus communis*" of botanists, and, occasionally, the leaves of the "*Jathropha curcas*," both belonging to the natural family *euphorbiacæ*, are the means by which these interesting if not extraordinary results are produced.

The Bofareira grows in most, if not all, the Cape de Verd Islands. That used by the natives for the purposes I have mentioned is called by them *white* bofareira, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* bofareira. The *white* or that which possesses galactagogue qualities, is recognized by the natives by the light green colour of the stem of the leaf, whilst the leaf stem of the *red* is of a purplish red hue. The latter plant is carefully avoided, as it is said to be a powerful irritant, and, if applied, as it occasionally has been, by mistake for the *white*, it produces an immediate and often immoderate flow of the menses.

In cases of childbirth, when the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands,) a decoction is made by boiling well a handful of the *white* Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably in some mea-

sure by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child which it usually does in the course of a few hours.

On occasions where milk is required to be produced in the breasts of women who have not given birth to, or suckled, a child for years, the mode of treatment adopted is as follows;—

Two or three handfuls of the leaves of the *Ricinus* are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits so as to receive the vapour over her thighs and generative organs, cloths being tucked around her so as to prevent the escape of the steam. In this position, she remains ten or twelve minutes, or until the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to, with the fomentation of, the breasts are again had recourse to. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk.

In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there still be a want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the *Bofareira*.

Women with well-developed breasts are most easily affected by the *Bofareira*. When the breasts are small and shrivelled, the plant then is said to act more on the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow if their advent be near.

Exposure to cold is carefully avoided by persons who are being brought under the influence of the *Bofareira*. These scrupulously abstain from wetting with cold water either the hands or the feet.

Maria, a dark mulatto woman, with wooly hair, thirty years of age, tall, stout, and well-formed; menstruating regularly; the mother of three children, the youngest of whom was three years old and had been weaned when under the age of one year, was brought before me by Dr. Almeida, of Boa Vista, on the morning of the 30th of June, 1846, for the purpose of being submitted to the action of the *Bofareira*. She stated, that when her child was weaned, every trace of milk disappeared from her breasts in the course of a few days. I could not detect any signs of pregnancy. The breasts were like those of negro women in general who have borne children, pendulous and flabby. No sign of milk was given out from them upon careful examination of the nipple.

The baths, fomentations, the application of the leaves, friction, suction, &c., were adopted in the manner and order I have already described. On the second day there was a slight oozing of a serous-looking

milk from the nipples, with slight increase of size in the areolar portion of the breast. On the third day, the milk increased in quantity, and less watery. On the morning of the fourth day there was an evident enlargement of the lower part of the mamma, and milk flowed abundantly upon the application of a child to the nipple.

The use of the Bofareira in cases of childbirth, to accelerate the flow of milk, is common, but comparatively rare as the means of procuring a wet-nurse. Some instances of the latter kind occurred, in consequence of the death of mothers with children at the breast during the progress of the Boa Vista epidemic of 1845-46, which decimated a population consisting almost wholly of blacks, with a few Europeans—Portuguese and English—and a small proportion of mixed negro and European blood.

Generally, however, this use of the Bofareira is seldom called for. Death in childbirth, or prolonged illness after parturition, sometimes requires a kind relative or charitable neighbor, who, for the safety of the offspring, places herself under the influence of the bofareira.

The son of a wealthy landed proprietor of San Nicolao, (well known to my friend, Mr. George Miller, of that Island,) a remarkably hale and robust-looking man, was wet-nursed by a woman who gave him milk produced by the Bofareira. The nurse in this instance had borne two children in early life. Her husband died shortly after the birth of her second child; she lived in a state of virtuous widowhood, and it was *many* years after the death of her husband that she so generously submitted herself to the Bofareira, and nursed the infant in question.

Consul-General Rendall, of the Cape de Verds, informs me that a lady, a native of Boa Vista, now residing at San Antonio, and the wife of one of the foreign consuls, had a daughter in 1843. "Having very little milk," says Mr. Consul Rendall, "she caused an old female servant to be prepared with the bofareira, and to act as wet-nurse, which she did in the most satisfactory manner, having plenty of good milk, although she had not had a child for ten years previously. The child is now (March, 1847) a healthy one, and well grown. In short," continues Mr. Randall, "women who use the Bofareira are in two or three days in order sufficient to nurse the child of a queen."

I have not been able to ascertain, from personal observation, or from any very accurate information, what effect the Bofareira has upon virgins, or upon those who, although they have not borne children, are nevertheless not virgins. As regards the latter class, however, an intelligent native midwife assured my most able and observant friend, Mr. George Miller, of San Nicolao, that the effect of the administration of the Bofareira is much the same upon them as upon child-bearing women.

In some cases, but rarely, the decoction of the Bofareira is taken internally, with the view of assisting the action of its external application.

I regret not having been informed of the alleged difference in the action of the white and red Bofareiras, while I was at the Cape de Verds, that I might have examined the latter plant upon the spot.

The seeds of each plant were, however, kindly forwarded to me by Mr. George Miller, and Sir William Hooker most readily and obligingly examined them. Sir William, in a note to me, says, "What you mark as red Bofareira, and as white Bofareira, are both, not only of the genus '*Ricinus*,' but also of one and the same species—viz., *Ricinus communis*, the common palma Christi, or castor oil plant. In our gardens, as well as abroad, the plants vary, and your two plants vary a little in the form and size of the seed, and especially in the color, but they are one and the same species."

It is thus evident that the white and red Bofareiras, if they differ at all, can only be varieties of the same species. It is known, however, that certain varieties of other plants, as thyme, mint, &c., do yield different properties, and such may be the case with the Bofareiras.

I have thus stated all the facts that have come to my knowledge regarding this galactagogue of the Cape de Verds, which I consider to be well worthy of a fair trial in this country. Should its action in our more temperate regions be similar to that which it exerts within the tropics, an interesting field of inquiry will be opened, as regards its hygienic, medicinal, medico-legal, and other relations.

These, however, are points, the consideration of which had better be reserved until it has been determined, by experiment, how far the Bofareira can be successfully introduced into the practice of this country.

[*Note*.—Dr. Tyler Smith, to whom I showed my paper before my visit to Edinburgh, has written to inform me that he has in several cases tried the Bofareira in the manner described by me; and he assures me that the effects of the plant grown in this country fully bear out the facts I have detailed respecting the use of this plant in the Cape de Verd Islands.]—*London Lancet*.

Auscultatory Sign of Enlarged Liver.—Br. Walshe has described in the *Lancet*, a stethoscopic indication of enlarged liver, under the name of "*hepatic compression rhonchus*."

"It coexists with inspiration only, or indeed, seems to be rather superadded to it, not commencing until the inspiration-murmur appears almost at an end. Its evolution is peculiarly slow, drawing, and (if I may be allowed the expression) lazy, being, in this respect the exact reverse of that of the crepitant rhonchus of pneumonia. It consists of a variable (but commonly a great) number of excessively fine, dry crepitations, rather superficial than deep-seated; is rendered audible by forced inspiration only, and may be heard in front, at the side, and in the back of the right half of the chest (least commonly in front, however,) at or near to, the upper edge of the liver. Its existence is completely independent of any lung-affection; and I have never found it on the left side, in these cases of liver-enlargement. The characters of this rhonchal sound are so peculiar, that a mere tyro would be able to distinguish it from all varieties of rhonchus,—it differs essentially, as I have just proved, from crepitant, subcrepitant, and dry crackling, pulmonary rhonchi, and from pleural rhonchus. Of its mechanism I am not prepared, at present, to offer any demonstration; but it appears to

me to be most feasibly explicable as follows ;—The lower portions of the lung, pressed upon by the enlarged liver, undergo a sort of creasing, or condensation, which, in ordinary breathing, interferes with their expansion. By forced inspiration, the portion of lung implicated will readily be understood to be *uncreased*, and so conceivably a series of sounds, such as I have described, is produced. Another fact strongly corroborates this hypothesis—namely, that it often ceases to be audible, for a time, after from one to five or six forced inspirations: the lung seems to require rest and time to be again creased up. Should further experience confirm this view of its mode of production, we shall have collateral support given to the doctrine I have long taught (and which, so far as I know, has not been refuted,) that the crepitant rhonchus of pneumonia is formed, not in the air-cells or capillary bronchi, but in the pulmonary parenchyma itself. I am not able, as yet, to make any positive assertion concerning the frequency with which the rhonchus under consideration attends enlargement of the liver; but, on the other hand, I am in a position to affirm, that in no single case of notable increase of bulk of that organ which has fallen under my observation, since my first discovery of the rhonchus, have I failed to substantiate its existence. The sound may, it is true, escape detection on one or more occasions, but has never been absent for a series of days. On the other hand, I have not met with it in other conditions of disease; though doubtless, if my theory concerning its formation be well founded, it will probably be ascertained to accompany a variety of conditions, causing slight compression of the lung.”—*London Journal of Medicine*.

OBSTETRICS.

The Bronchocoele of New-born Infants.—Dr. Betz, of Tübingen, has published an interesting essay upon this subject. He attributes the silence of authors respecting it rather to their having overlooked the affection than to its rarity. Such children are usually stout and full-blooded, and the enlarged thyroid may be mistaken for a mere fold of fatty integument. In some, the neck seems merely too broad, while in others it undergoes no change; these differences depending upon the part of the gland engaged.

Immediately, or very soon after birth, a marked difficulty of respiration comes on, which may prove fatal in a few hours, or in two or three days only. The inspirations are deep, being accompanied by a peculiar croaking tone, that may be heard outside the door. The expiration is also very laboured and sometimes accompanied by a cry. At times the breathing seems quite arrested, so that the child is in the most extreme danger from suffocation, until, with a cry, inspiration again occurs. The dyspnoea is sometimes irregularly paroxysmal. The alae nasi are usually expanded, and the lips and hands of a blue color. Sucking is impossible, and attempts produce the most extreme dyspnoea, which is also excited if the child be fed, the greatest difficulty prevailing in getting it to swallow the least quantity. The mouth is full of saliva and mucus, which collect in small bladders between the lips.

According to the amount of disease, the remissions are longer or shorter, and the child sometimes at last goes off quite unexpectedly.

The affection consists in a simple hypertrophy of the thyroid; no change in its normal structure, save perhaps some increase in its vascularity, being observable. The whole gland may be affected, giving a crescent shape, and, where an isthmus connects the two lobes, the neck assumes a great breadth. In other cases only one lobe, or even only the apex of that, may be affected, and the nature of the disease be undetected. The passage to the larynx and trachea is more or less impeded, while the posterior developments of the tumour impede swallowing, and endangers suffocation in the attempt. The accumulation of mucus is an additional cause of obstruction. It is not merely the size of the swelling of the lobes, but its position, that determines the amount of danger.

The affection would seem sometimes to be hereditary, or, at all events, it affects several members of the same family. Various friends of Dr. Betz have observed this bronchocele of infants, but he is not disposed to consider it as especially endemic at Tübingen. He thinks that the suffocative dyspnoea, and death resulting from this disease, may elucidate the nature of some of the cases of laryngeal asthma, spasm of the glottis, thymic asthma, or laryngismus, concerning which so much confusion and doubt at present prevails. An enlargement of the thymus may certainly co-exist with one of the thyroid, but this last affords a much more rational explanation of the symptoms. Thymic enlargement may induce dyspnoea, but not the laryngeal disturbance. Atelectasis, too, the author believes, is often due to the impediment caused by this enlarged thyroid.

In a disease so rapid in its progress, little time remains for treatment; but, where this is obtainable, leeches should be applied, and an emetic given. Where the hypertrophy is less considerable, and the disease more prolonged, the internal and external use of iodine would be deserving of a trial.—*London Med. Times, from Henle and Pfeuffer's Zeitschrift.*

ANATOMY AND PHYSIOLOGY.

The Arrangement of the Blood-Vessels in the Mucous Membrane of the Stomach.—The course of the vessels, as far as the point where they pierce the walls of the stomach to pass to their final distribution, is well-known. Their minute distribution has never been perfectly described. It has lately been carefully examined by Frey, in men, dogs, cats, sheep, and guinea-pigs.

1. The veins pass usually obliquely through the muscular coat, and reach the submucous tissue; they bend here into a longitudinal direction, and run at a little distance below the blind extremities of the tubes. They are of large and regular diameter, and frequently anastomose with each other. Frey calls them "basal veins." From these basal veins arise, at right angles, numerous branches, which run in a straight or gently-waved direction to the free surface of the mucous membrane.

When they have passed half way through the membrane, they sometimes divide into two branches, which continue in the same course as the parent vessel would have taken. At the free surface of the mucous membrane, these vertical veins give off many branches, which form a net-work. When this occurs there is a most important and sudden diminution in the size of the veins. The basal veins have a diameter from 1-10 to 1-20 of an inch; the vertical branches vary from 1-18 to 1-48; the veins of capillary net-work vary from 1-70 to 1-300.

2. The arteries, like the veins, penetrate the muscular coat obliquely and pass with the veins till these latter bend to form the "basal veins." They are much smaller than the veins,—not more than one-third or one-fourth of their diameter. They form no vessels corresponding to the basal veins, but divide at once into branches, which freely anastomose; from this net-work branches arise, which pass towards the surface; when they reach the tubes, they pass longitudinally between these, communicating by short crossbranches, coming off at sharp angles; these sometimes form a ring round the tubes, but if a ring is formed at this point, it is irregular and exceptional. When the arteries reach the mouths of the tubes, they divide to form a second net-work, and these branches form rings round each tube, or, more seldom, a ring round two adjoining tubes. From these circles the capillaries pass into the veins.

In this arrangement, (the description of which we have condensed as much as possible,) Frey sees two points very worthy of attention: one is, the sudden enlargement of the veins, so soon below their capillary net-work, which seems especially calculated to promote absorption; the other point is the arterial arrangement, which Frey compares to that of the glomeruli of the kidney, as unfolded by the beautiful researches of Bowman.—*London Med. Times, from Henle's Zeitschrift.*

On the Structure of the Muscular Substance of the Heart.—The following important observation is by Remak. The facts observed by him are best seen in the thin muscular layers which can be procured, especially in sheep, from the commencement of the great veins of the neck or the pulmonary veins. Two sets of muscular fibres can be distinguished; some which run parallel, and others which are between these and interlace, connecting the adjoining parallel fibres to each other. The net-work formed by the connecting or intermediate fibres differs in complexity in the different parts of the heart, auricles, ventricles, &c. Sometimes, instead of these intermediate connecting fibres, the sides of two parallel-running fibres approach, and fuse into each other (*eine partielle Verschmelzung der Ränder zweier Hauptfasern.*) The intermediate fibres are often much smaller than the parallel, and of variable strength; occasionally, as in the ventricles, they are as large as the parallel fibres; it is then very difficult to make out the arrangement; yet in no place, either in the auricle or ventricle, is this arrangement wanting. This observation of Remak's has been confirmed in Wurzburg by Virchow.—*Ibid from Ibid.*

The Terminations of the Olfactory Nerve.—DR. HOW describes the olfactory nerves as being easily seen by taking a piece of a frog's nasal mucous membrane, placing it between glass, and examining it with a power of from +216 to +300. The extremities of the nerve-fibres, sometimes dilated and forming club-shaped processes, can be seen at their extremities, winding round and sometimes returning to the parent branch. Besides these, other nerves, with broad diameters, are seen passing in various directions, and present the characters of fine cerebral fibres.—*Ibid*, from *Muller's Archiv*.

S U R G E R Y.

On a new Method of opening Abscesses, without leaving visible Cicatrices. By M. LERICHE, Physician to the Lyons Dispensary.—The inconveniences daily met with in opening abscesses by incision, or by the application of caustics, have induced me to seek a less objectionable method of effecting this object. My principal aim has been to avoid the permanent marks left by the means hitherto employed, a point of much importance when the abscess occupies the neck or bosom of the female. I shall be much gratified if I can prove to the profession, what I am myself convinced of, that if my results have not been crowned with complete success, my patients have at least been often spared the dread which always attends the use of cutting instruments.

Although the method which I propose is apparently sufficiently simple, I have not arrived at it without repeated trials, both of the use of different materials and of the mode of operating. I shall, however, give in a few words the result of my researches.

My first idea was to employ wires of iron, silver, or lead; the results were tolerably satisfactory, but their use was liable to three objections:

- 1st. The difficulty of procuring them everywhere.
- 2nd. The necessity of having a special instrument for their introduction, and the rather acute pain which the operation occasioned.
- 3rd, and lastly, the contact of a hard substance, irritating the inflamed and already painful tissues.

I also tried threads of hemp, linen, and cotton; all were liable to a serious objection, which induced me to discard them altogether; they became swollen by the moisture in which they were constantly immersed, and thus opposed the exit of the pus. I remarked also that their employment gave rise to a rather acute inflammation around the openings. Might not this be attributed to the facility with which these substances become altered in their nature? It also occurred when the threads were previously waxed.

Silk thread is the material on which I have decided, from its having the following advantages over the others. 1st: It is to be had everywhere. 2ndly. It is not liable to become altered during the time it is required to remain in the abscess. 3rdly. It does not absorb the moisture. 4thly, and lastly, it does not irritate the painful parts with which

it is in contact. The silk thread which I use is known in the shops under the name of twist (cordonnet).

After having shaved off any hair on the tumor, the surgeon takes a curved ligature needle, passes through its eye one end of the silk twist, then introduces the needle into the tumour, about six or eight lines from the most depending part, where it must be brought out, draws the thread into the passage formed by the needle, and retains it in this position by uniting the two ends in a knot; the entire tumour is now covered with an emollient poultice, which, in this case, acts mechanically. The patient should remain as little as possible in bed, in order to favour the escape of the pus along the thread, an effect which takes place with difficulty in the recumbent position, when the abscess is situated on a part of the trunk or limbs. The poultices have also, in this case, the advantage of diminishing the inflammation which is excited, and which the practitioner must watch. The twist is to be left undisturbed for four, six, or eight days, according to circumstances; most frequently four days have sufficed. Subsequently, when thought advisable, the twist is removed, and the part is dressed with dry compresses, or, when necessary, with compresses soaked in aromatic wine. In not one of thirty-three buboes which had arrived at the stage of suppuration, and which had been treated in the manner just described, have I been obliged to abandon this plan for any other. In cases of simple buboes, that is, those in which the pus did not seem to possess specific characters, the cure has been effected in from fifteen to twenty days; in the opposite cases, when the orifices of the little openings ulcerated, it has occupied from forty to fifty days; and in neither case did the patient retain any trace of syphilitic infection.

When the tumour has been tardy in reaching the suppurative stage, the pus is sometimes contained in cellular pouches, in which case it may happen that at the time when one thread seems to have effected the cure of an abscess, another forms; under these circumstances a second thread must be introduced.

In other cases, the thread has brought on severe inflammation and caused intense pain. When this occurs it must be removed, and lightly astringent unctuous applications, such as Goulard's cerate, substituted for the poultices; to these should be added the employment of general measures, baths, regimen, &c. &c.

But the selection of the means most suitable to combat the symptoms which may have arisen must, in such cases, be left to the judgement of the practitioner.—*Dub. Quar. Journal, from Revue Medico-Chirurgicale de Paris.*

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

EDITED BY

FRANCIS GURNEY SMITH, M. D.

LECTURER ON PHYSIOLOGY IN THE PHILADELPHIA ASSOCIATION FOR MEDICAL
INSTRUCTION; FELLOW OF THE COLLEGE OF PHYSICIANS, MEMBER OF THE
ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA.

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Nov., 1850—21.

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N. B.—The Profession will take notice that the Lecture Term in Geneva College will hereafter be changed from the Fall to the Spring of the year, to commence the ensuing March, 1851. This change in the time of delivering the Lectures is made solely with the view of accommodating that large class of Medical Students who cannot conveniently attend during the Fall and Winter months, but whose term of study expires in the Spring.

Oct. 1850,—61.

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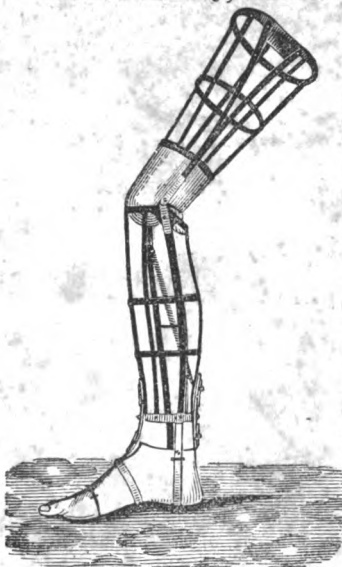
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